

Name
in
Full

William Davison Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Westernport ^{Town} Allegheny ^{County} **MARYLAND**

Date of death 1908 ^{Month} Aug ^{Day} 6 ^{Years} 6 ^{Months} 29 ^{Days}

Sex Male Color or Race White Birth-place Westernport

Occupation Infant Where Residing if not at place of death _____

Married, Single or Widowed Infant Name of Wife or Husband _____

Father's Name Davison W Myers Father's Birthplace Barton, Md

Mother's Maiden Name May E Myers Mother's Birthplace Hubbs, I. T.

Name of person giving information ~~Father~~ Davison W Myers How related to deceased Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

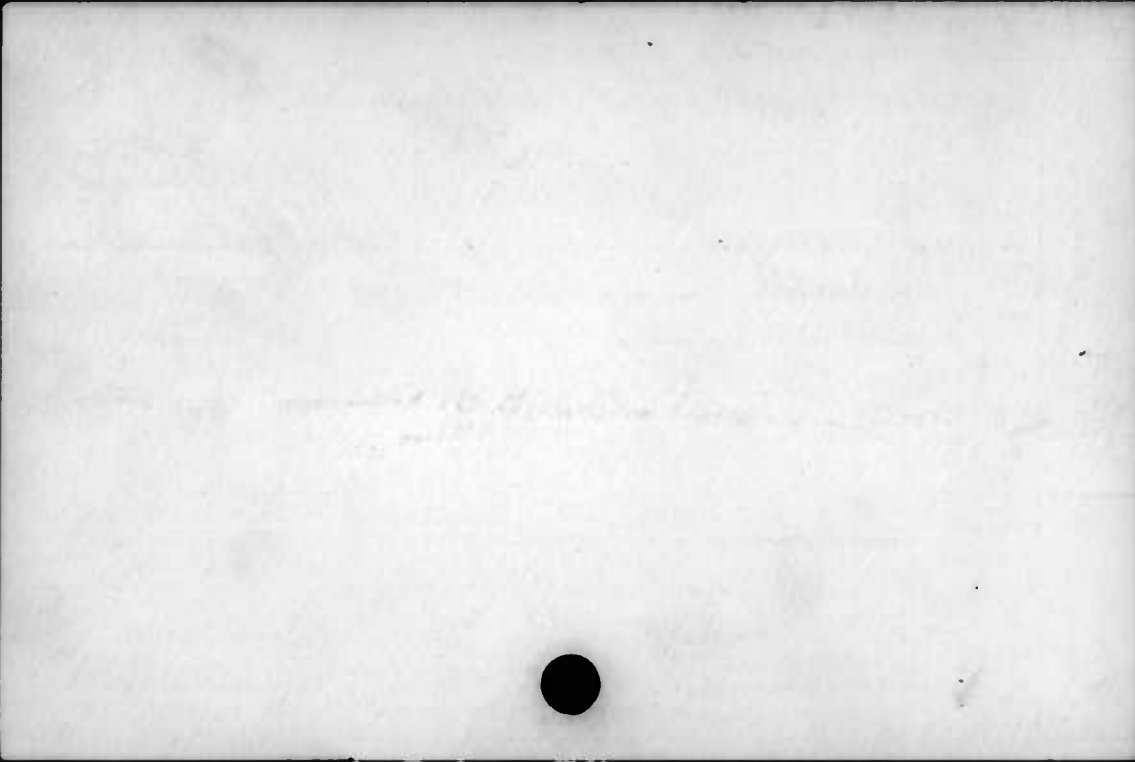
Primary Illness - Colitis How long One month

Immediate " " with bacterial involvement How long Two days

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician J. G. Platt

Address Piedmont W. Va.

Accident or Suicide? _____



Name
in
Full

Theophilus Beall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{town} Cumberland		County allegany		MARYLAND	
Date of death	1908	Month 8	Day 13	Age 76	Months
Sex Male	Color or Race white		Birth place Cumberland Md		
Occupation Farmer	Where Residing if not at place of death		Cumberland.		
Married, Single or Widowed Married	Name of Wife or Husband		Catherine Beall-		
Father's Name Don't know	Father's Birthplace		Unknown		
Mother's Maiden Name Rachal Philips	Mother's Birthplace		Unknown		
Name of person giving information Mrs Kenty	How related to deceased		Daughter law		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Valvular Organic Heart	How long	1 year
Immediate	Heart Failure + Kidneys	How long	1 mo
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	F. B. Burdell
		Address	Cumberland Md.
Accident or Suicide?			

1908
1932

26

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambland</i> ^{Town}		<i>Allegany</i> ^{County}		MARYLAND	
Date of death	190 <i>8</i> ^{Month} <i>Aug</i> ^{Day} <i>13</i> ^{Years}	Age <i>0</i>	Months <i>0</i>	Days <i>1</i>	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Cambland,</i>			
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>W. J. Bittenger</i>	Father's Birthplace <i>W. Va</i>				
Mother's Maiden Name <i>Jessie Apple</i>	Mother's Birthplace <i>W. Va</i>				
Name of person giving Information <i>Mrs Apple Sr</i>	How related to deceased <i>S. Mother,</i>				

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Do not know - Macerated Fortis</i>	How long <i>1 mo.</i>
Immediate <i>Do not know</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. F. Swigg</i>
<i>Remains - Cremated by my order.</i>	Address <i>Cambland, Md.</i>
Accident or Suicide <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John H. Boyer* Town *Cumberland* County *Allegany* MARYLAND

Died at *Cumberland*

Date of death 1908 *Aug* *21* Age *50* Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *unknown*

Occupation *Miner* Where Residing if not at place of death *Blaine Pa*

Married, Single or Widowed *Married* Name of Wife or Husband *May Boyce*

Father's Name *John F. Boyce* Father's Birthplace *Pa*

Mother's Maiden Name *Anderson* Mother's Birthplace *unknown*

Name of person giving Information *J. F. Boyce* How related to deceased *Son*

CAUSES OF DEATH

118

PHYSICIAN
OR CORONER

Primary *Aluminaeitis* How long *10 days*

Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? ☒

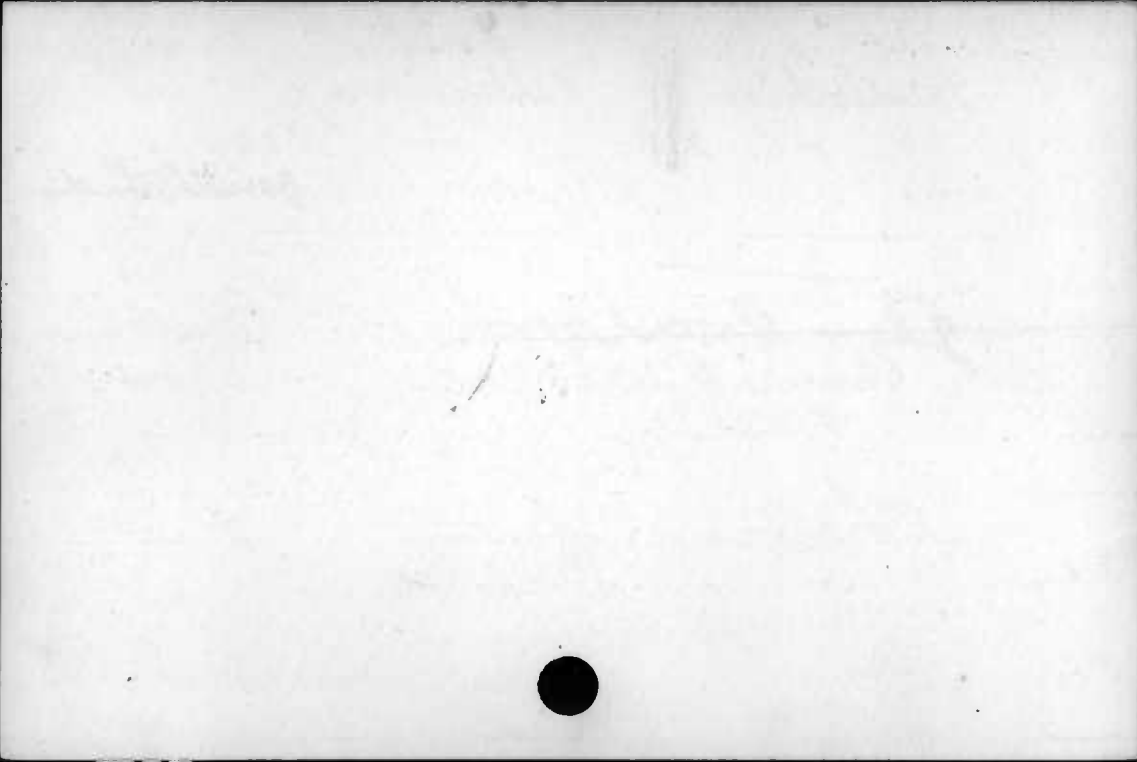
Signature of Physician *James T. Shuman, M.D.*

Address *Cumberland Md.*

Accident or Suicida ☐

Blaine M.A

Name in Full		Town				County				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Westonport</u>				<u>Allegheny</u>				MARYLAND			
		Date of death <u>1908</u>		Month <u>Aug.</u>		Day <u>23</u>		Age <u>6</u>		Years <u>10</u>		Months <u>10</u>	
		Sex <u>male</u>				Color or Race <u>white</u>				Birth-place <u>Westonport Md</u>			
		Occupation <u>—</u>				Where Residing if not at place of death <u>—</u>							
		Married, Single or Widowed <u>—</u>				Name of Wife or Husband <u>—</u>							
		Father's Name <u>Daniel Brady</u>				Father's Birthplace <u>Westonport Md</u>							
		Mother's Maiden Name <u>May Bobo</u>				Mother's Birthplace <u>Keyser, W. Va</u>							
TO BE ANSWERED BY NEAREST FRIEND		Name of person giving information <u>Daniel Brady</u>				How related to deceased <u>Father</u>							
CAUSES OF DEATH												(105)	
PHYSICIAN OR CORONER		Primary <u>Acute Indigestion</u>				How long <u>4 weeks</u>							
		Immediate <u>Cholera Infantum + Bac. br. Spinal Meningitis</u>				How long <u>4 weeks</u>							
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>				Signature of Physician <u>C. J. Fitzgerald</u>							
						Address <u>Westonport, Md.</u>							
		Accident or Suicide? <u>—</u>											



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *James Gilbert Broadback*
Died at *Midlothian* ^{Town} *Alleghany* ^{County}Date of death 190 *8* Month *8* Day *23* Age *Weeks* Months *8* Days *8*Sex *Male* Color or Race *White* Birth-place *Midlothian*

Married, Single or Widowed _____ Occupation _____

Name of Wife or Husband _____

Father's Name *J. H. Broadback*

Father's Birthplace

*Midlothian*Mother's Maiden Name *Annie Buckalew*

Mother's Birthplace

*Blumington*Name of person giving information *Father*

How related to deceased

CAUSES OF DEATH

105

Primary *Cholera Infantum*

How long

2 weeks

Immediate

How long

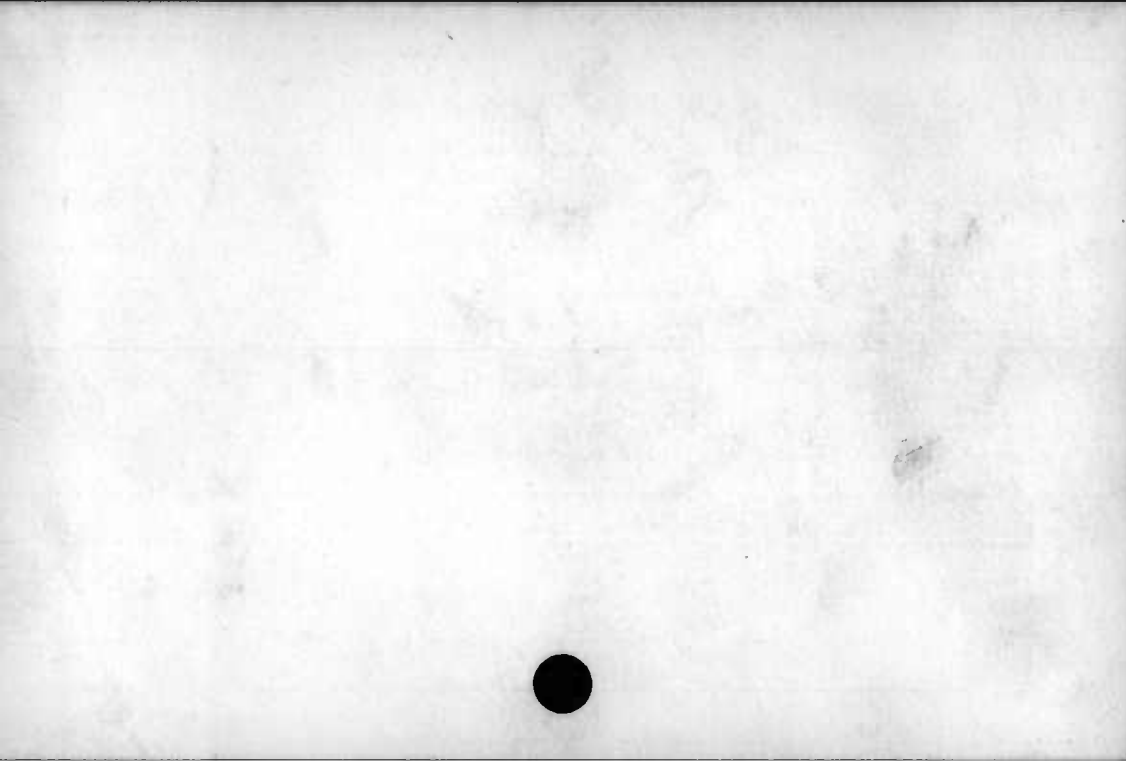
Are the name, age, sex, color, date and place correctly given above? *Yk*

Signature of Physician

Address

Dr. F. L. Chymes
Midlothian
Ind.

Accident or Suicide?



Name
In
Full

Thomas Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

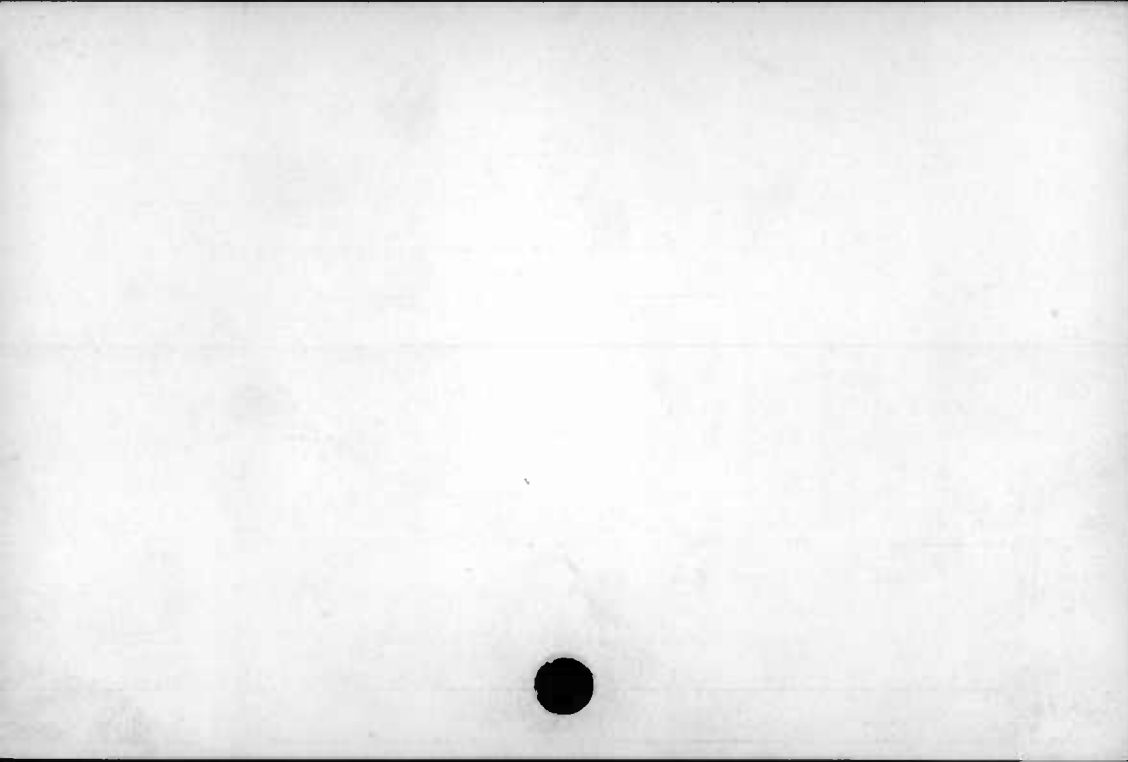
Died at <u>Gilmer</u> ^{Town}		<u>Alleghany</u> ^{County}		MARYLAND	
Date of death	<u>1908</u> ^{Year}	<u>Aug</u> ^{Month}	<u>1</u> ^{Day}	Age	<u>2</u> ^{Years}
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Gilmer</u>
Occupation	<u>None</u>	Where Residing if not at place of death <u>—</u>			
<input checked="" type="checkbox"/> Married, Single or Widowed		Name of Wife or Husband <u>—</u>			
Father's Name		<u>Geo Edwards</u>		Father's Birthplace	<u>Barton</u>
Mother's Maiden Name		<u>June Brown</u>		Mother's Birthplace	<u>Scotland</u>
Name of person giving information		<u>June Brown</u>		How related to deceased	<u>Mother</u>

CAUSES OF DEATH

157

PHYSICIAN
OR CORONER

Primary	<u>Marasmus</u>	How long	<u>2 months</u>
Immediate	<u>Inanition</u>	How long	<u>Two weeks</u>
Are the name, age, sex, color, date and place correctly given above?		<u>yes</u>	
Signature of Physician		<u>W. D. Skilling</u>	
Address		<u>Lincolnton</u>	
Accident or Suicide?		<u>no</u>	



Name in Full		Reginald Palmer Bruce				CERTIFICATE OF DEATH	
Town		County		MARYLAND			
Cumberland		allergany					
Date of death		1908	Month 8	Day 17	Age 22	Years 9	Months 27
Sex Male		Color or Race White		Birth- place Md			
Occupation Pit. Litter		Where Residing if not at place of death Cumberland					
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Lloyd Bruce		Father's Birthplace Md					
Mother's Maiden Name Jenny Walford		Mother's Birthplace Md					
Name of person giving information Harry Bruce		How related to deceased Brother					
CAUSES OF DEATH							
Primary		Typhoid fever (Epilepsy)				How long 10 days	
Immediate		acute meningitis				How long 8 days	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician J. J. J. J.			
Address		Cumberland Md					
Accident or Suicide?		No					

Borden Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> Town <i>allgany</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>8</i>	Day <i>28</i>	Age <i>63</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Danvers Md</i>	
Occupation <i>Expressman</i>	Where Residing if not at place of death <i>Cumberland Md</i>		
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Susan Clark</i>		
Father's Name <i>James Clark</i>	Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Barbara Westry</i>	Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Martha Clark</i>	How related to deceased <i>daughter</i>		

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary <i>Cancer of stomach</i>	How long <i>several months</i>
Immediate <i>Exhaustion</i>	How long <i>several weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. J. [illegible]</i>
<i>Lawson, Ind</i>	Address <i>Cumberland Md</i>
Accident or Suicide? <i>Ind</i>	

07d



Name in Full *George W. Coleman*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

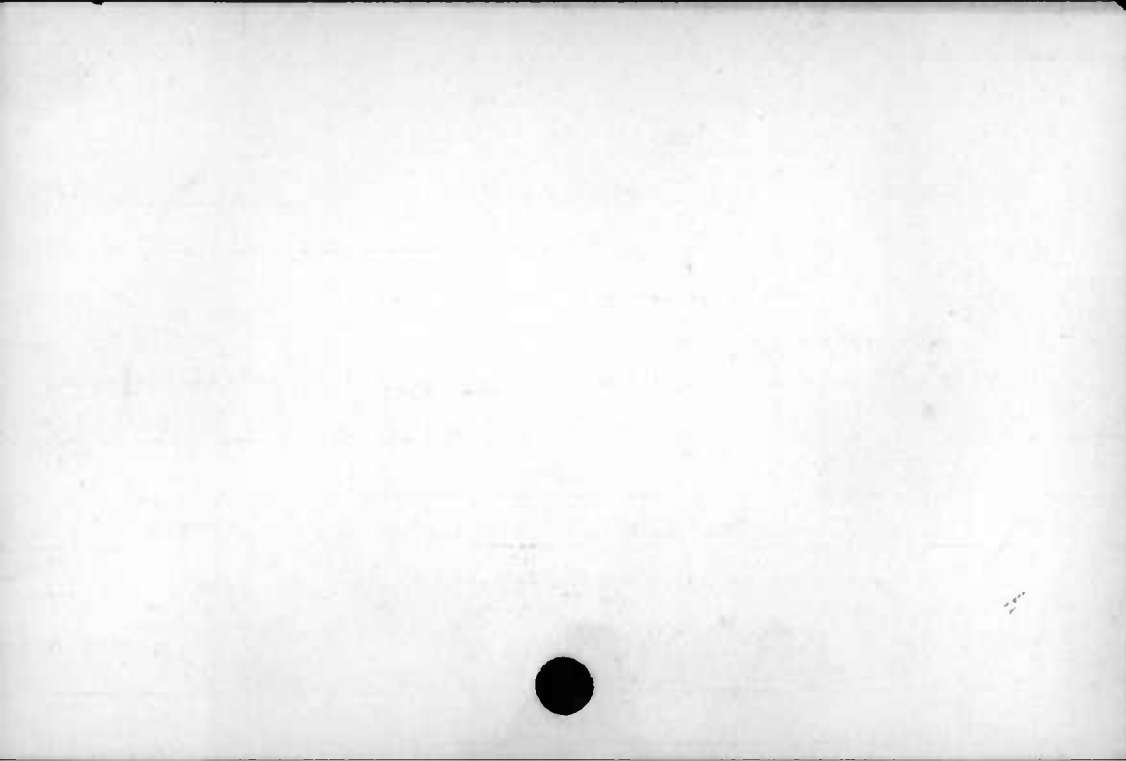
Died at <i>Tonawoning</i>		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1908 Aug.</i>	Month <i>Aug.</i>	Day <i>26</i>	Age <i>27</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Tonawoning</i>		
Occupation <i>Miner</i>	Where Residing if not at place of death <i>Tonawoning</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Margaret R. Coleman</i>				
Father's Name <i>Joseph. Coleman</i>	Father's Birthplace <i>Tonawoning</i>				
Mother's Maiden Name <i>Margaret Murphy</i>	Mother's Birthplace <i>Clayville Pa.</i>				
Name of person giving information <i>Joseph. W. Coleman</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

159

PHYSICIAN
OR CORONER

Primary <i>Gun Shot-wound</i>	How long <i>Instantly</i>
Immediate <i>Exhausted</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>JH Maiboroner</i>
	Address <i>Summerville Md</i>
Accident Suicide?	



Name
in
Full

Edmund Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westport</u> ^{Town}		<u>Allegheny</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	Month <u>Aug</u>	Day <u>20</u>	Age <u>—</u>	Months <u>10</u>	Days <u>—</u>
Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>Westport, Md</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Edmund Brown</u>		Father's Birthplace <u>Ohio.</u>			
Mother's Maiden Name <u>May. Roberbaugh</u>		Mother's Birthplace <u>W. Va</u>			
Name of person giving information <u>May. Roberbaugh</u>		How related to deceased <u>Mother</u>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <u>Acute Indigestion</u>	How long <u>about 3 weeks</u>
Immediate <u>Cholera Infantum & Diarrhea</u>	How long <u>3 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>C. J. Hazenbaker</u>
	Address <u>Westport.</u>
Accident or Suicide? <u>—</u>	<u>Ind.</u>



Name
in
Full

William W Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Emm* County *All*

Died at *Emm* Month *Aug* Day *2* Age *21* Years *8* Months *8* Days

Date of death *1908 Aug 2*

Sex *Male* Color or Race *White* Birthplace *Wales*

Occupation *stenographer* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband *none*

Father's Name *William Davis* Father's Birthplace *Wales*

Mother's Maiden Name *Anna Rolands* Mother's Birthplace *Wales*

Name of person giving information *William Davis* How related to deceased *Father*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis* How long *3 yrs*

Immediate *Exhaustion* How long *2 days*

Are the name, age, sex, color, data and place correctly given above? *Yes*

Signature of Physician *Edward Harris*

Address *Cumtland Maryland*

Accident or Suicide *X*

Morgantown Ma

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Female Child (Still born) Pres

Died at Still born ^{Town} Midlothian ^{County} Allegheny MARYLAND

Date of death 1908 ^{Month} 8 ^{Day} 15 ^{Age} 7 1/2 ^{Years} ^{Months} ^{Days}

Sex F ^{Color or Race} W ^{Birth-place} Maryland

Occupation ^{Where Residing if not at place of death}

Married, Single or Widowed ^{Name of Wife or Husband}

Father's Name Fred Dress ^{Father's Birthplace} MD

Mother's Maiden Name Annie Artz ^{Mother's Birthplace} MD

Name of person giving information Fred Dress ^{How related to deceased} Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Still born ^{How long} About 5 months

Immediate Still born ^{How long} About 5 months

Are the name, age, sex, color, date and place correctly given above? ^{Signature of Physician} Dr. J. M. Lane

 ^{Address} Prossburg Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Brown* Town *all* County **MARYLAND**

Date of death 1908 Month *Aug* Day *15* Age *—* Years *—* Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Md*

Occupation *none* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *none*

Father's Name *John Dyke* Father's Birthplace *West Va*

Mother's Maiden Name *Lavinia Lewis* Mother's Birthplace *West Va*

Name of person giving Information *John Dyke* How related to deceased *Father*

CAUSES OF DEATH

Primary *Premature Birth* How long *—*

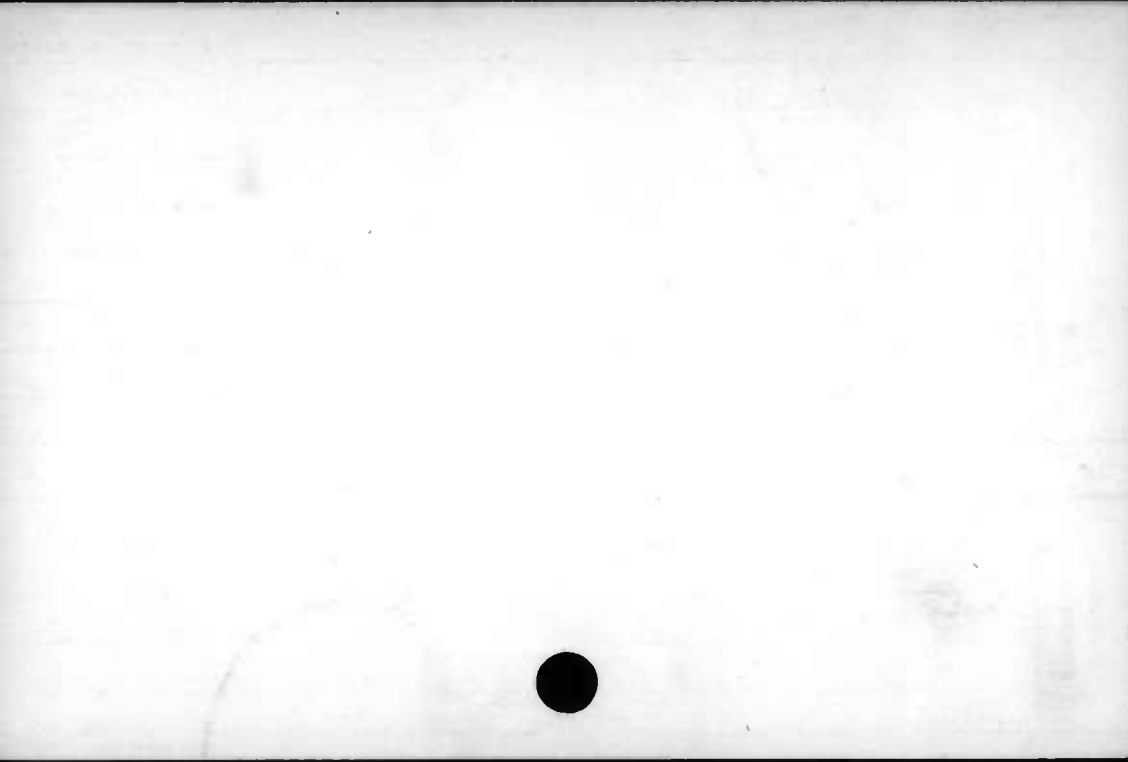
Immediate *—* How long *—*

Are the name, age, sex, color, data and place correctly given above? *yes* Signature of Physician *Dr. F. L. Baskin*

Steu. Address *City (Cms)*

Accident or Suicide *Baskin*

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *John Elbin* Town _____ County *Alle*

Died at *home* Month *Aug* Day *14* Age *66* Months *10* Days _____

Date of death *1908*

Sex *Male* Color or Race *White* Birth-place *Md*

Occupation *Carpenter* Where Residing if not at place of death _____

Married, Single or Widowed *Widowed* Name of Wife or Husband *Amanda Elbin*

Father's Name *William Elbin* Father's Birthplace *Md*

Mother's Maiden Name *don't know* Mother's Birthplace *don't know*

Name of person giving Information *Aneta Prudekka* How related to deceased *Daughter*

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary *apoplexy (Found dead in bed)* How long _____

Immediate *Heart failure* How long _____

Are the name, age, sex, color, data and place correctly given above?

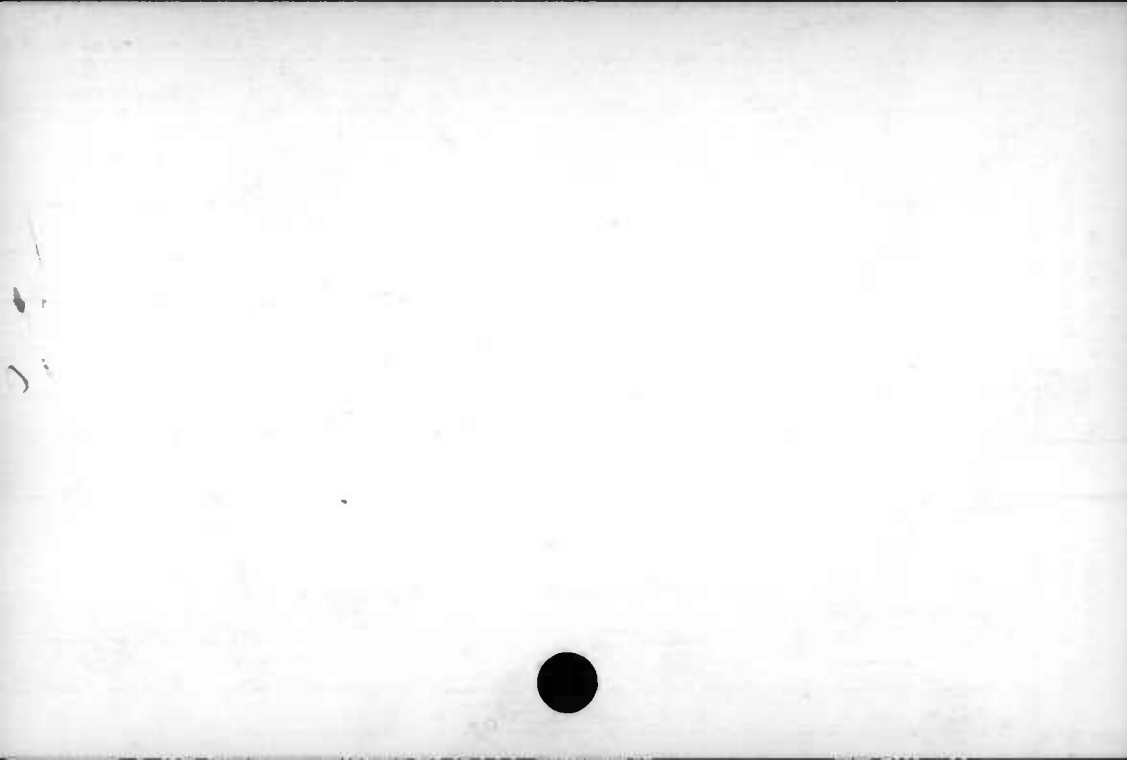
Signature of Physician

Address

Accident or Suicide

Stone Flintstone. Md.

*J. H. Marz, Coroner
Baltimore Md.*



Name
in
Full

Margaret E. Fisher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Cumt County Anne MARYLAND

Died at Cumt

Date of death 1908 Month Aug Day 3 Age - Years - Months - Days 12

Sex Female Color or Race White Birth-place Cumt

Occupation None Where Residing if not at place of death -

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Charles E. Fisher Father's Birthplace Cumt

Mother's Maiden Name Katie Joseph Mother's Birthplace Baltimore

Name of person giving Information Charles E. Fisher How related to deceased Father

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary Premature birth (7 mo) How long 11 days

Immediate Unknown How long Unknown

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician [Signature] Address Cumt

Accident or Suicide -

32 ma are.

10. d. m. --

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name George Raymond Ireland		Town Burr		County Alle		MARYLAND	
Died at		Month Aug		Day 25		Years —	
Date of death 1908		Month Aug		Day 25		Age —	
Sex Male		Color or Race White		Birth- place Md		Month —	
Occupation none		Where Residing if not at place of death		Month —		Days 1	
Married, Single or Widowed Single		Name of Wife or Husband		Father's Name Geo. W. Ireland		Father's Birthplace West Va	
Mother's Maiden Name Minnie Tally		Name of person giving Information Geo W Ireland		Mother's Birthplace Md		How related to deceased Father	

CAUSES OF DEATH

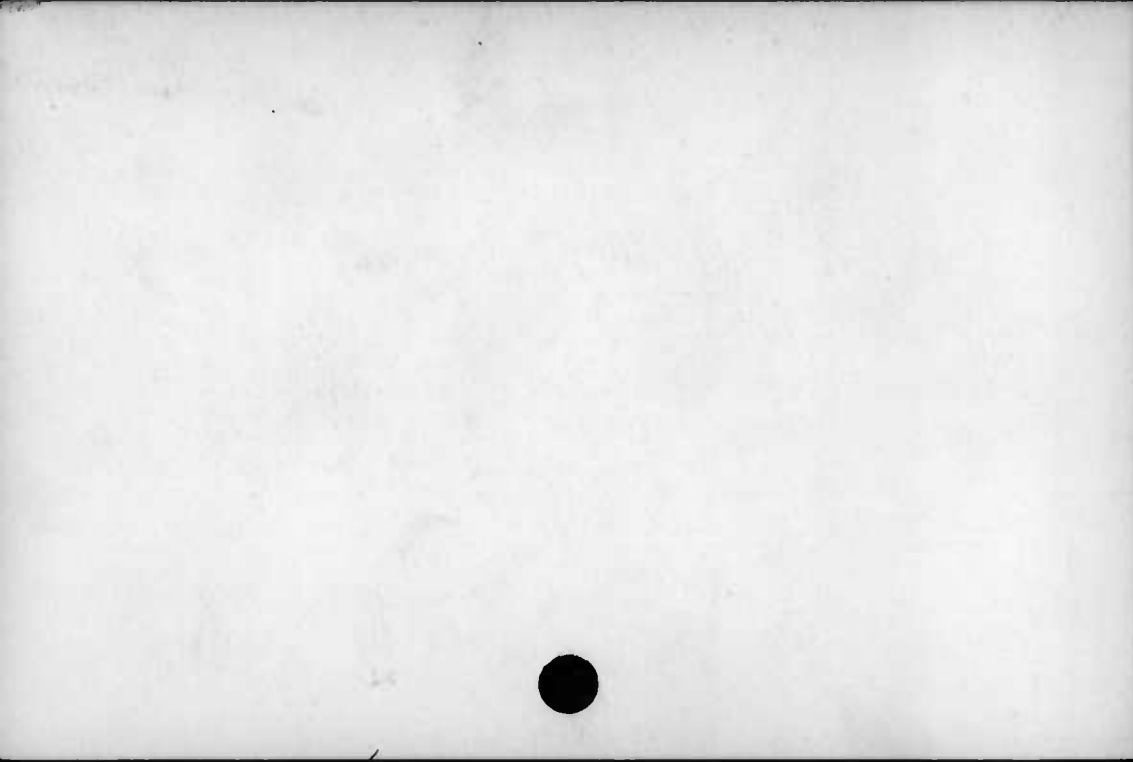
PHYSICIAN
OR CORONER

Primary	Premature Birth.	How long	151
Immediates	Exhaustion	How long	1 da
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Geo L Broadrup.
Accident or Suicides	Still	Address	Antietam Broadrup Md

OK

14.13

Name in Full		Town				County		CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Died at		Cumberland		Allegheny		MARYLAND							
		Date of death		1908	Month	Aug	Day	6	Age	Years	1	Months		Days	
		Sex		Male		Color or Race		White		Birth-place		Cumberland Md			
		Occupation					Where Residing if not at place of death								
		Married, Single or Widowed					Name of Wife or Husband								
		Father's Name					Father's Birthplace								
PHYSICIAN OR CORONER		Mother's Maiden Name					Mother's Birthplace								
		Name of person giving In formation					How related to deceased								
		CAUSES OF DEATH					<div style="border: 2px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">36</div>								
Primary		Inherited Family Syphilis					How long (Still born)								
Immediate		6 mos Child					How long								
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					R C R Lewis								
		Address					Cumberland Md								
Accident or Suicide?															



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

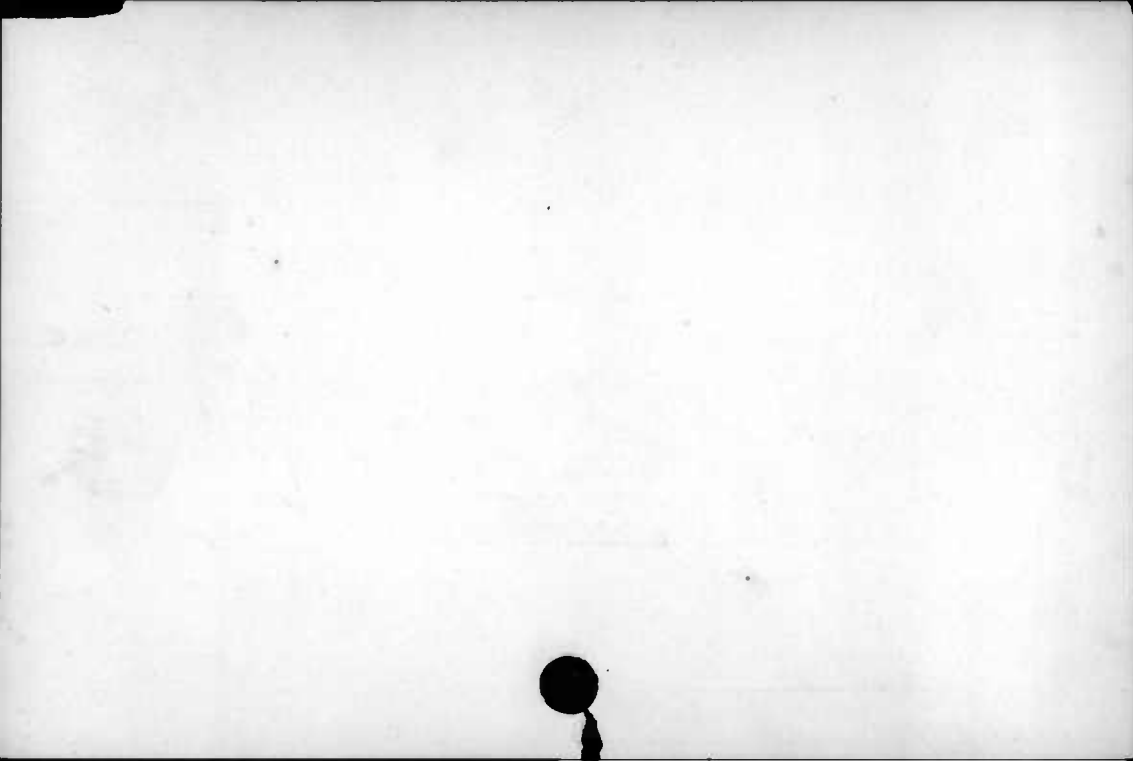
Died at		Town <i>Linn County</i>		County <i>Allegany</i>		MARYLAND	
Date of death		Month <i>Aug</i>	Day <i>4</i>	Years <i>70</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Scotland</i>				
Occupation <i>None</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Alexander Gardner</i>					
Father's Name <i>John Marshall</i>		Father's Birthplace <i>Scotland</i>					
Mother's Maiden Name <i>Samuel Foster</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Mr. James Pickens</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

41

PHYSICIAN
OR CORONER

Primary	<i>Cancer of Rectum</i>	How long <i>One year</i>
Immediate	<i>Intoxication</i>	How long <i>Two months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. B. Skilling, M.D.</i>
		Address <i>Linn County</i>
Accident or Suicide? <i>No</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

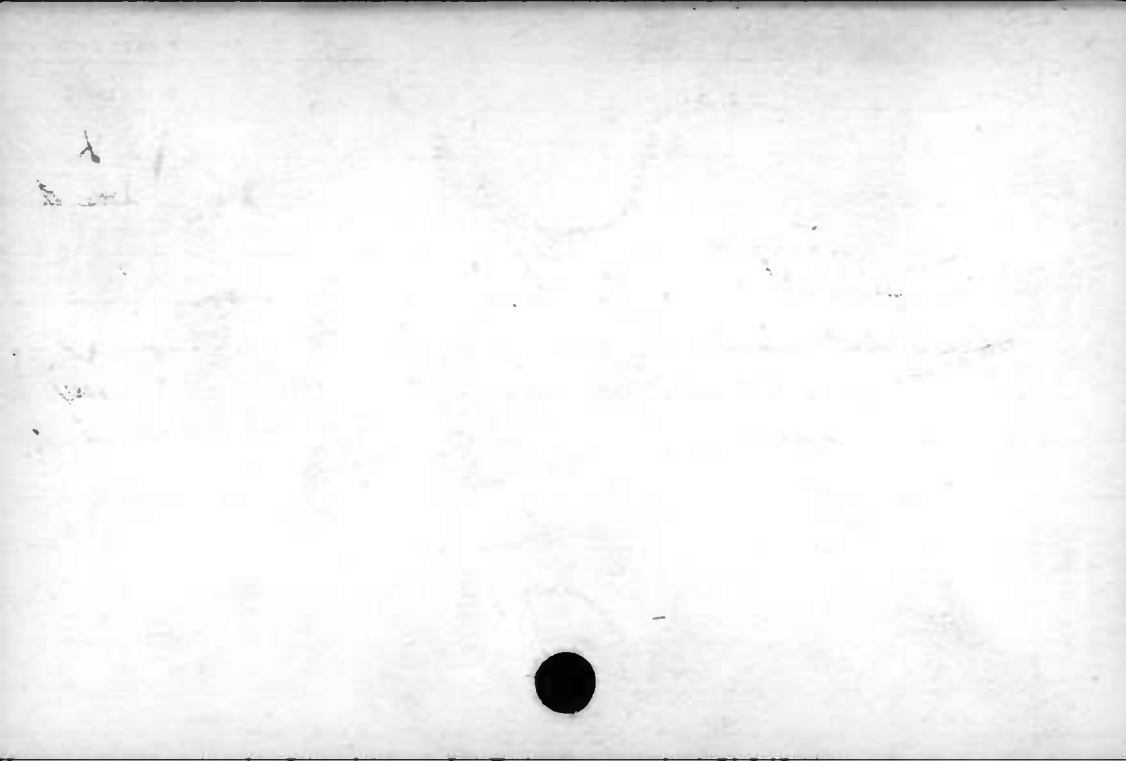
Name in Full <i>Mrs Mary H. Glick</i>		Town <i>Cumberland</i>		County <i>Allegheny</i>		State MARYLAND	
Died at <i>Cumberland</i>		Month <i>Aug</i>		Day <i>25</i>		Years <i>84</i>	
Date of death <i>1901</i>		Month <i>Aug</i>		Day <i>25</i>		Age <i>84</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>		Months _____	
Occupation <i>Housewife</i>		Where Residing if not at place of death _____		Months _____		Days _____	
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>John Glick</i>		Father's Name <i>Henry Swartz</i>		Father's Birthplace <i>Germany</i>	
Mother's Maiden Name <i>Margaret Wolf</i>		Mother's Birthplace <i>"</i>		Name of person giving Information <i>Henry Glick</i>		How related to deceased <i>Son</i>	

CAUSES OF DEATH

13

PHYSICIAN
OR CORONER

Primary <i>Cholera Morbus</i>	How long <i>3 days</i>
Immediate <i>Exhaustion</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James T. Johnson, M.D.</i>
Address <i>Cumberland Ind.</i>	Accident or Suicide <i>Stomach</i>



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Frostburg</i>		County <i>Allegheny</i>		State <i>MARYLAND</i>
	Date of death	190 <i>0</i>	Month <i>8</i>	Day <i>10</i>	Age <i>60</i>
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>	
	Occupation <i>Miner</i>	Where Residing if not at place of death <i>Home</i>			
	Married, Single or Widowed <i>M</i>	Name of Wife or Husband <i>Christina Goebel</i>			
	Father's Name <i>Henry A. Goebel</i>	Father's Birthplace <i>Germany</i>			
	Mother's Maiden Name <i>Berlach</i>	Mother's Birthplace <i>Mt. Savage</i>			
Name of person giving information <i>Wife</i>	How related to deceased <i>Wife</i>				
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Dropped Dead</i>		How long <i>178</i>		
	Immediate		How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Thomas M. Massey</i>		
			Address <i>Frostburg, Md.</i>		
	Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

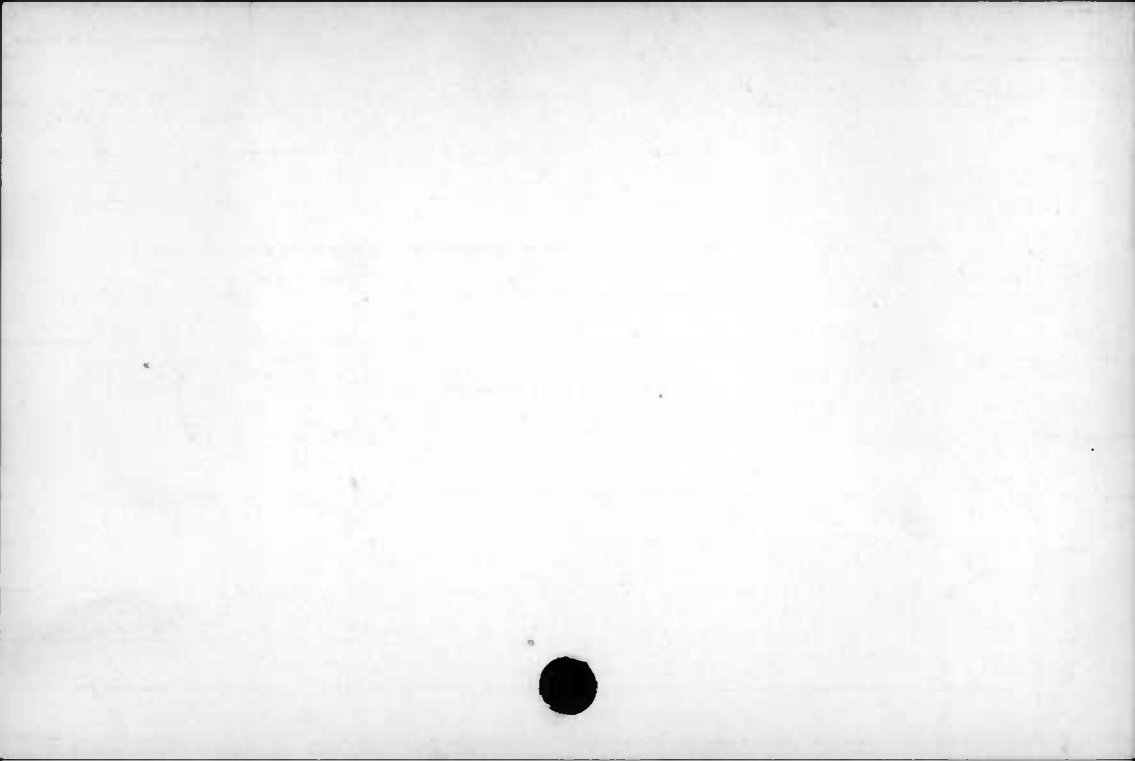
Died at <i>Pekin</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death	1908	Month	Aug	Day	3
Age	66	Years		Months	
Sex	Female	Color or Race	White	Birthplace	Wales
Occupation	none	Where Residing If not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband <i>James Prindle</i>			
Father's Name	<i>James Perry</i>	Father's Birthplace <i>Wales</i>			
Mother's Maiden Name	<i>Mykerson</i>	Mother's Birthplace			
Name of person giving information	<i>Nicholson Elrick</i>	How related to deceased <i>Nephew</i>			

CAUSES OF DEATH

13

PHYSICIAN
OR CORONER

Primary	<i>Cholera Morbus</i>	How long	<i>48 hrs</i>
Immediate	<i>Collapse Heart failure</i>	How long	<i>12 hrs</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. S. Skilling, M.D.</i>	
Yes		Address <i>Lexington</i>	
Accident or Suicide?		No	



Name
in
Full

CERTIFICATE OF DEATH

John H. Hammer

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Aug</i>	Day	<i>28</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Years	<i>—</i>
Occupation	<i>—</i>	Birth-place	<i>Cumberland</i>	Months	<i>—</i>
Where Residing if not at place of death			<i>—</i>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>J. F. Hammer</i>		Father's Birthplace	
Mother's Maiden Name		<i>Flaviana Martin</i>		Mother's Birthplace	
Name of person giving information		<i>J. F. Hammer</i>		How related to deceased	
				<i>Father</i>	

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Born Birth Tuberculosis</i>	How long	<i>6+7 mo</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Geo. H. Broadbent</i>	
Address		<i>Cumberland</i>	
Accident or Suicide?		<i>no</i>	

072 ✓

—

#

Name
in
Full

Charles Hansell

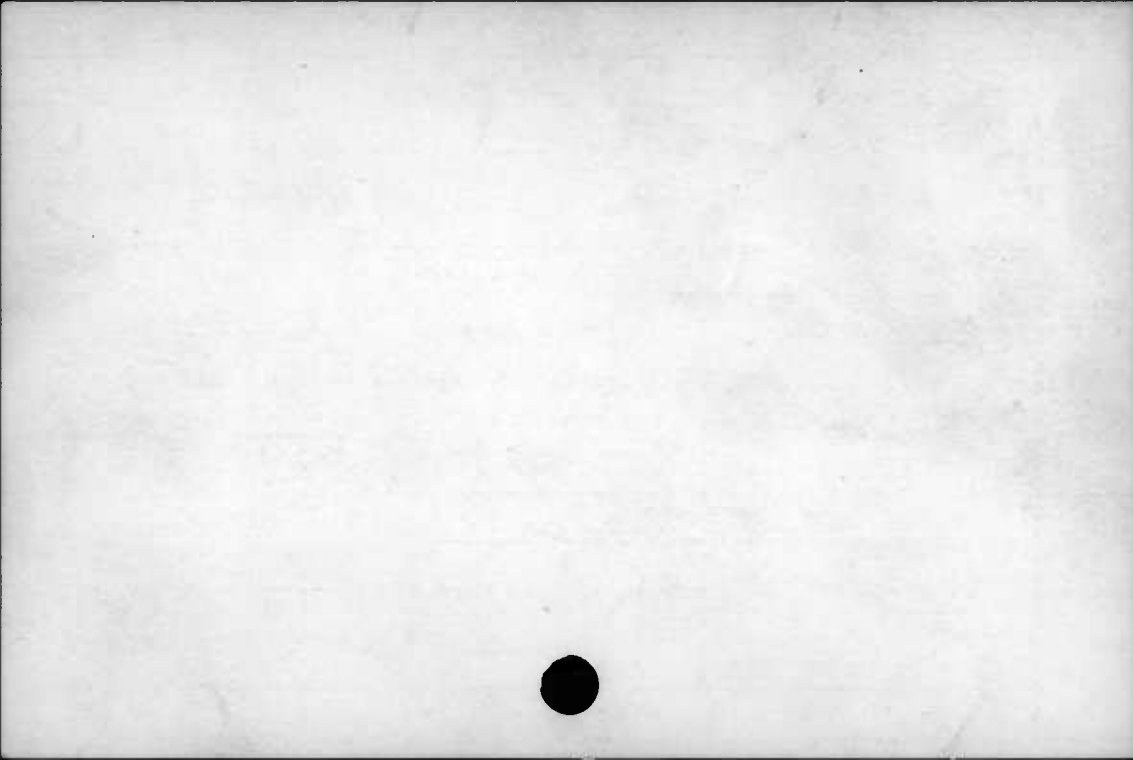
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Frostburg</u> ^{Town}		<u>Alleg</u> ^{County}		MARYLAND	
Date of death <u>1908 Aug</u> ^{Month}		<u>6</u> ^{Day}	<u>7</u> ^{Years}	<u>7</u> ^{Months}	<u>7</u> ^{Days}
Sex <u>Male</u>		Color or Race <u>W</u>		Birth-place <u>Frostburg Md</u>	
Occupation <u> </u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u> </u>			
Father's Name <u>Charles M. Hansell</u>		Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Annie Shoemaker</u>		Mother's Birthplace <u>Pa</u>			
Name of person giving information <u>James Hansell</u>		How related to deceased <u>Uncle</u>			

PHYSICIAN
OR CORONER

CAUSES OF DEATH		(167)
Primary <u>Burn from powder</u>	How long <u>2 days</u>	
Immediate <u>Shock</u>	How long <u> </u>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Thompson</u>
		Address <u>Frostburg Md</u>
Accident or Suicide? <u> </u>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant. Hetzer

Town

County

Died at

Cumberland

Acragay

MARYLAND

Date

of death 1908

Month

Aug

Day

5

Age

Years

—

Months

—

Days

—

Sex

Male.

Color or
Race

White

Birth-
place

Cumberland

Occupation

none

Where Residing if not
at place of death

—

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

Charles E. Hetzer

Father's
Birthplace

Md.

Mother's
Maiden Name

Nellie Holtzen

Mother's
Birthplace

Cumberland

Name of person giving
Information

Charles E. Hetzer

How related
to deceased

Father

CAUSES OF DEATH

Primary

Still born

How long

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

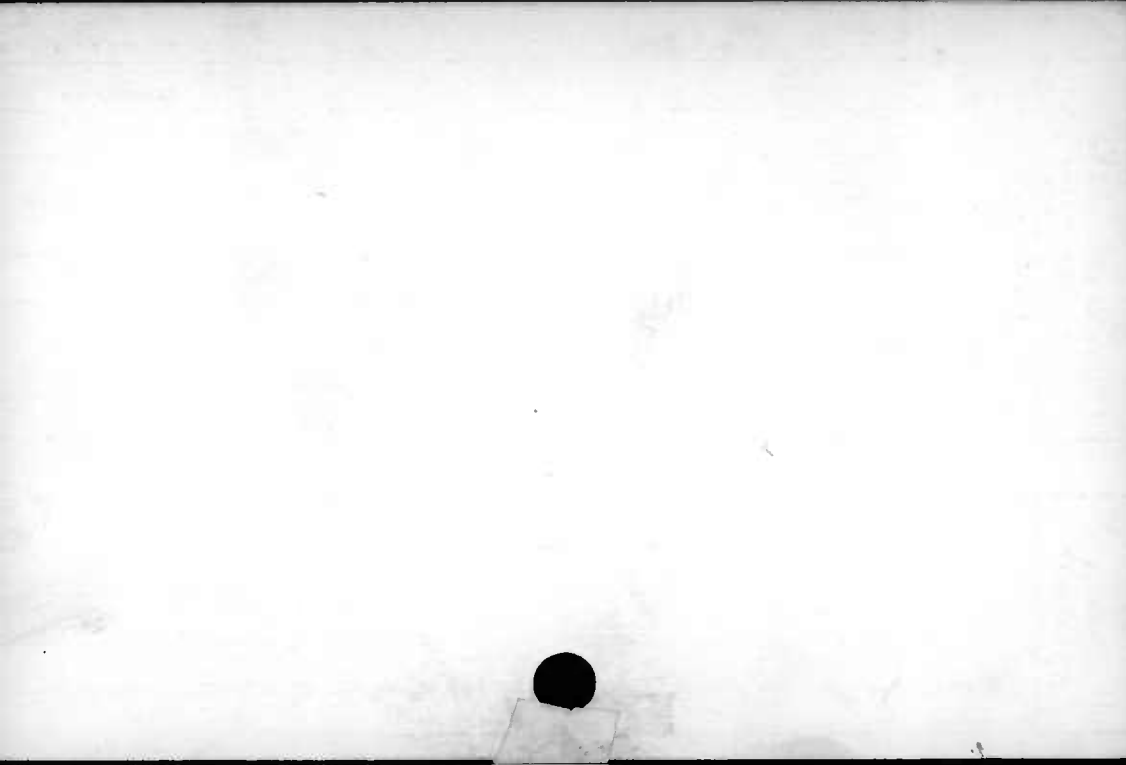
A. B. Lankford

Address

Cumberland

Accident or Suicide

PHYSICIAN
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rawlings</i>		County <i>Allegheny</i>		MARYLAND	
Date of death 190 <i>8</i>	Month <i>August</i>	Day <i>29</i>	Age <i>one</i>	Months <i>5</i>	Days <i>18</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Bier Md</i>		
Married, Single or Widowed <i>Single</i>			Occupation		
Name of Wife or Husband <i>Alice Hise</i>					
Father's Name <i>Ad. Hise</i>			Father's Birthplace <i>West Virginia</i>		
Mother's Maiden Name <i>Alice, Burns</i>			Mother's Birthplace <i>West Virginia</i>		
Name of person giving Information <i>Amos, Leonard</i>			How related to deceased <i>nephew</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Colony Infarction*

Immediate

Are the name, age, sex, color, date and place correctly given above?

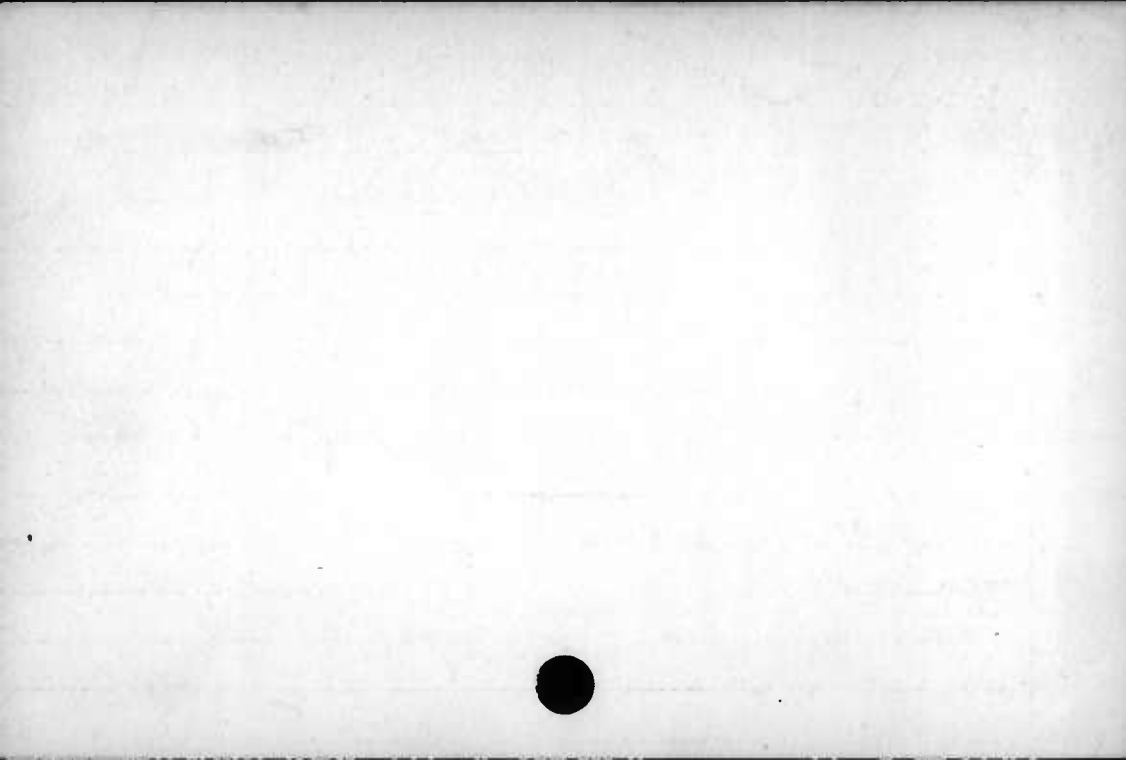
yes

Signature of Physician

Address

Edw. Leonard Int Registration

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Fredrick Hoffman
Town *Cumberland* County *Alleg.*

MARYLAND

Died at *Cumberland* *Alleg.*

Date of death 190 *8* Month *Aug* Day *29* Age *71* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Germany*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Mary Rarig*

Father's Name *Henry Hoffman* Father's Birthplace *Germany*

Mother's Maiden Name *Don't Know* Mother's Birthplace *Don't Know*

Name of person giving Information *Mary Hoffman* How related to deceased *Wife*

CAUSES OF DEATH

33

Primary *Tuberculosis of Bladder* How long *Yrs*

Immediate *Exhaustion* How long *Weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. W. Jackson* Address *Cumberland Md*

PHYSICIAN
OR CORONER

State.
Accident or Suicide

0-12



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Joshua Hopwood		Town Bunkerland		County Allegheny		State MARYLAND	
Died at Bunkerland		Month aug		Day 6		Years 89	
Date of death 1908		Month aug		Day 6		Age 89	
Sex Male		Color or Race White		Birth-place MD			
Occupation Carpenter		Where Residing if not at place of death -					
Married, Single or Widowed Widower		Name of Wife or Husband Mary Ann Hopwood					
Father's Name Cornelius Hopwood		Father's Birthplace Do not know					
Mother's Maiden Name Cassandra Magonder		Mother's Birthplace " " "					
Name of person giving Information Mrs Elmer Hopwood		How related to deceased daughter in law					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary Arterial hemorrhage		How long a few hours	
Immediata -		How long -	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician H. W. Wiley	
Address Bunkerland, Md.		Address Bunkerland, Md.	
Accident or Suicide -			

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Elizabeth Ann Hughes</i>		Town <i>Burrhead</i>		County <i>Alleg.</i>		MARYLAND	
Died at <i>Burrhead</i>		Month <i>Aug</i>		Day <i>25</i>		Year <i>1908</i>	
Date of death <i>1908 Aug 25</i>		Age <i>73</i>		Months <i>6</i>		Days <i>12</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John Hughes</i>					
Father's Name <i>Samuel Hodges</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Elizabeth Norris</i>		Mother's Birthplace <i>Md</i>					
Name of person giving Information <i>Susan Mary Hughes</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

(64)

PHYSICIAN
OR CORONER

Primary	<i>Chronic endarteritis</i>	How long	<i>6 yrs</i>
Immediate	<i>Apoplexy (Cerebral Hemorrhage)</i>	How long	<i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. L. Owens M.D.</i>	
Address <i>Starr</i>		Address <i>Cumt</i>	
Account or Guide		<i>(410) Md</i>	

Orleans Md on West Hill Bay

did not find
the mission

Dr. C.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mrs. Mary D Hutson* Town *Cumberland* County *Alleg.* MARYLAND

Died at *Cumberland* *Alleg.*

Date of death 190*8* Month *Aug* Day *19* Age *55* Months *—* Days *—*

Sex *Female* Color of Race *White.* Birth-place *Alleg. Co. Md.*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Edwina J. Hutson*

Father's Name *Thomas Dweemon* Father's Birthplace *Allegany County*

Mother's Maiden Name *Althea Coombs* Mother's Birthplace *Allegany Co. Md.*

Name of person giving Information *W. C. Dweemon* How related to deceased *Brother*

CAUSES OF DEATH

116

PHYSICIAN
OR CORONER

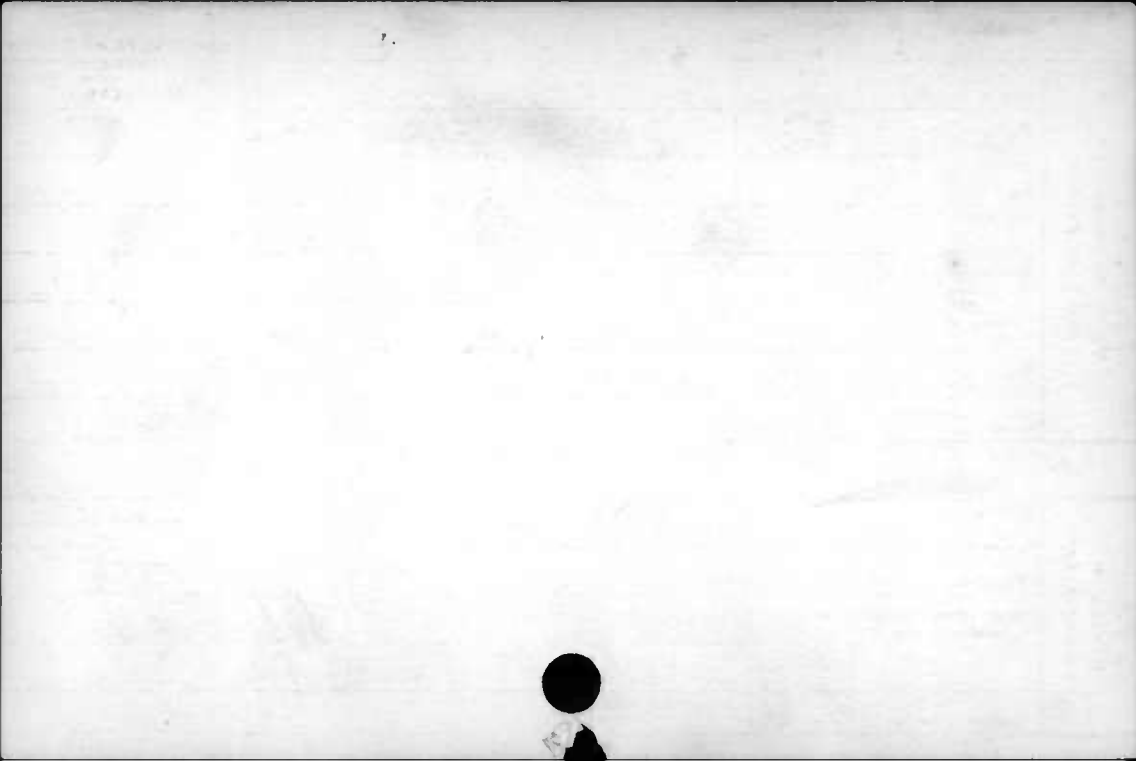
Primary *Peritonitis* How long *—*

Immediate *Exhaustion* How long *—*

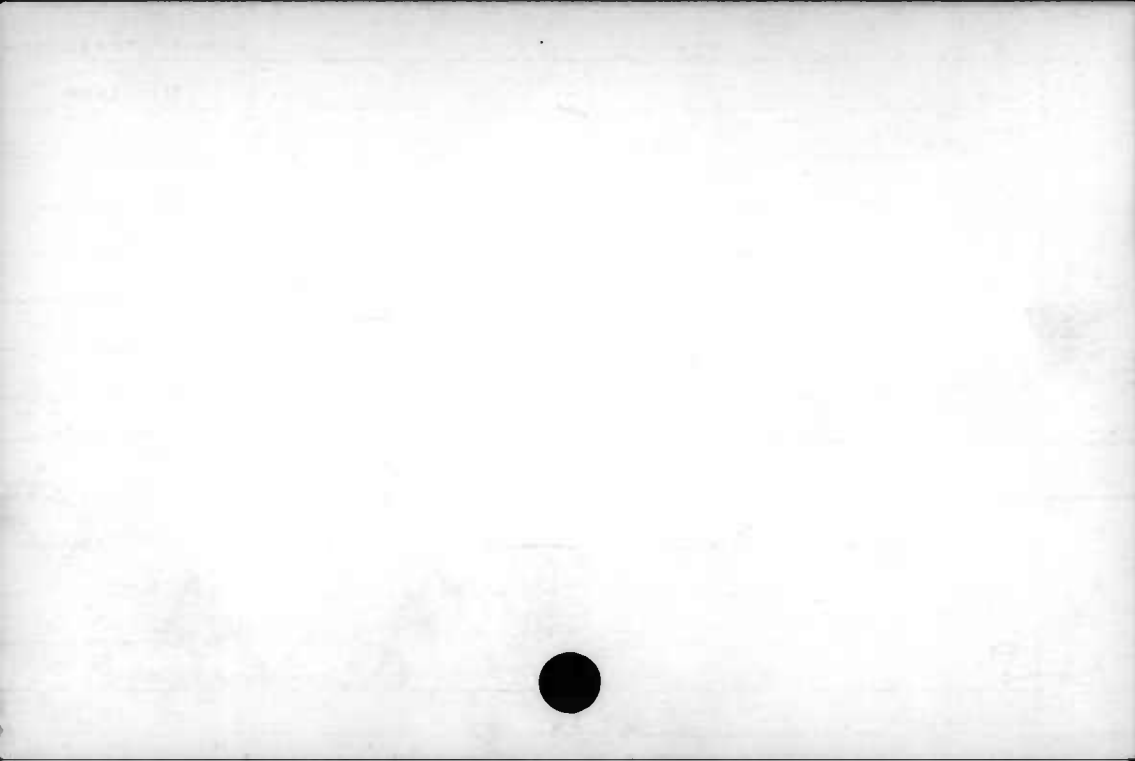
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *F. B. McDonald*

Stain Address *Cumberland Md*

Accident or Suicide



CERTIFICATE OF DEATH



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Lloyd William Kneierem

Town

County

MARYLAND

Died at

Cmtd

Allegay

Date

of death

1908

Month

Aug

Day

2

Age

Years

—

Months

5

Days

—

Sex

Male

Color or
Race

White

Birth-
place

Cmtd.

Occupation

none

Where Residing if not
at place of death

—

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

Eustace Kneierem

Father's
Birthplace

Cmtd.

Mother's
Maiden Name

Edith Mae Myers

Mother's
Birthplace

Cmtd.

Name of person giving
Information

Eustace Kneierem

How related
to deceased

Father

CAUSES OF DEATH

179

Primary

Marasmus

How long

5 mos

Immediate

Cerebral apse

How long

10 hrs

Are the name, age, sex, color, data
and place correctly given above?

Yes

Signature of
Physician

W. H. Brace

Address

Cumberland
md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infr Geo Ledingers

Town

County

MARYLAND

Died at

Cumberland

Allegheny

Date

Month

Day

Years

Months

Days

of death

1908 Aug

19

Age

00

00

1

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

None

Where Residing if not
at place of death

—

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

George Ledingers

Father's
Birthplace

Md

Mother's
Maiden Name

Joseph Rumpf

Mother's
Birthplace

Md

Name of person giving
Information

George Ledingers

How related
to deceased

Mother

CAUSES OF DEATH

179

How long

Primary

Do not know

Immediate

Do not know

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

M. F. Twigg

Address

Cumberland

Md

Accident or suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Mollie McKune

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Barroings* ^{County} *Alleghany*

Date of death *1908* ^{Month} *Aug.* ^{Day} *26* ^{Years} *65* ^{Months} *80* ^{Days}

Sex *Female* Color or Race *White* Birth-place *Germany*

Occupation *house wife. white* Where Residing if not at place of death *Barroings*

Married, Single or Widowed *Widowed* Name of Wife or Husband *M. McKune*

Father's Name *Unknown* Father's Birthplace *Germany*

Mother's Maiden Name *Unknown* Mother's Birthplace *Germany*

Name of person giving information *John D. Duman* How related to deceased

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Hepatitis*

Immediate

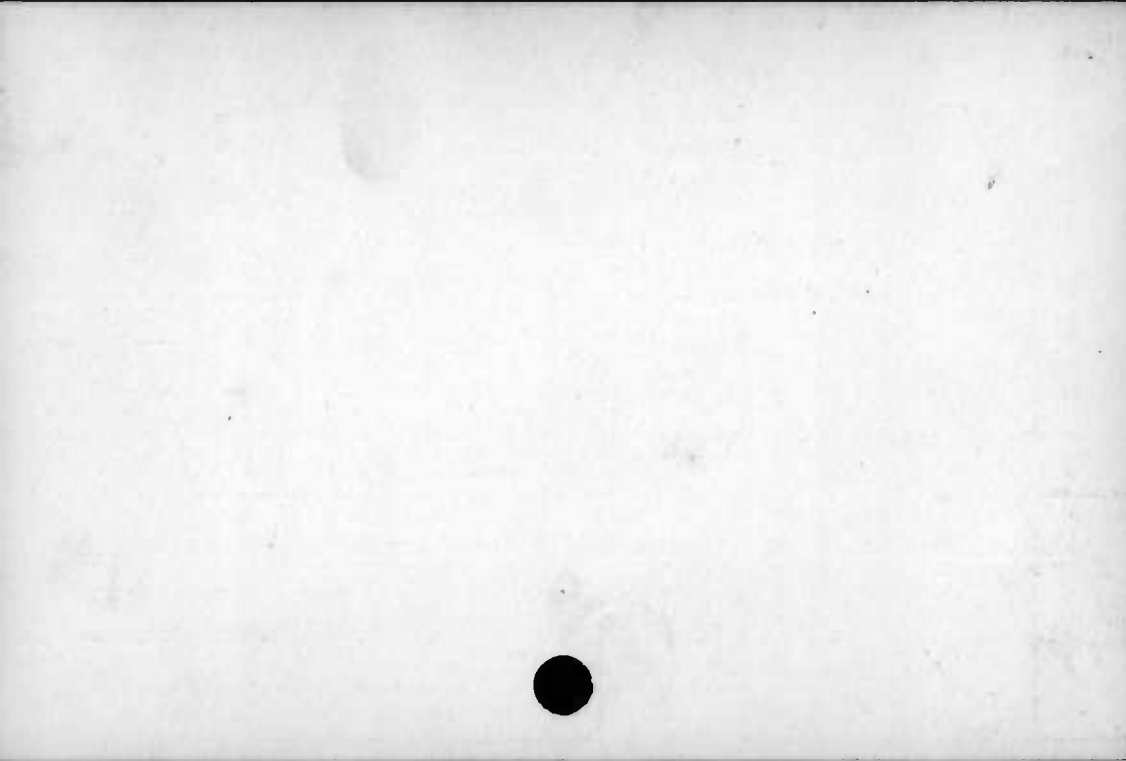
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Proccal Leutz
Frankford Pa

Accident or Suicide?



Name
in
Full

Mrs. Jane Mc Murdo

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Franklin ^{County} Allegany

Date of death 1908 ^{Month} Aug ^{Day} 18 ^{Age} 86 ^{Months} 9 ^{Days} 18

Sex Female ^{Color} white ^{Birth-place} Scotland

Occupation Housewife ^{Where Residing if not at place of death} Franklin

~~Married~~ ^{Name of Wife} or Widowed William Mc Murdo

Father's Name John Reynolds ^{Father's Birthplace} Scotland

Mother's Maiden Name unknown ^{Mother's Birthplace} Scotland

Name of person giving information Samuel Mc Murdo ^{How related to deceased} Son

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary Senile debility ^{How long} One year

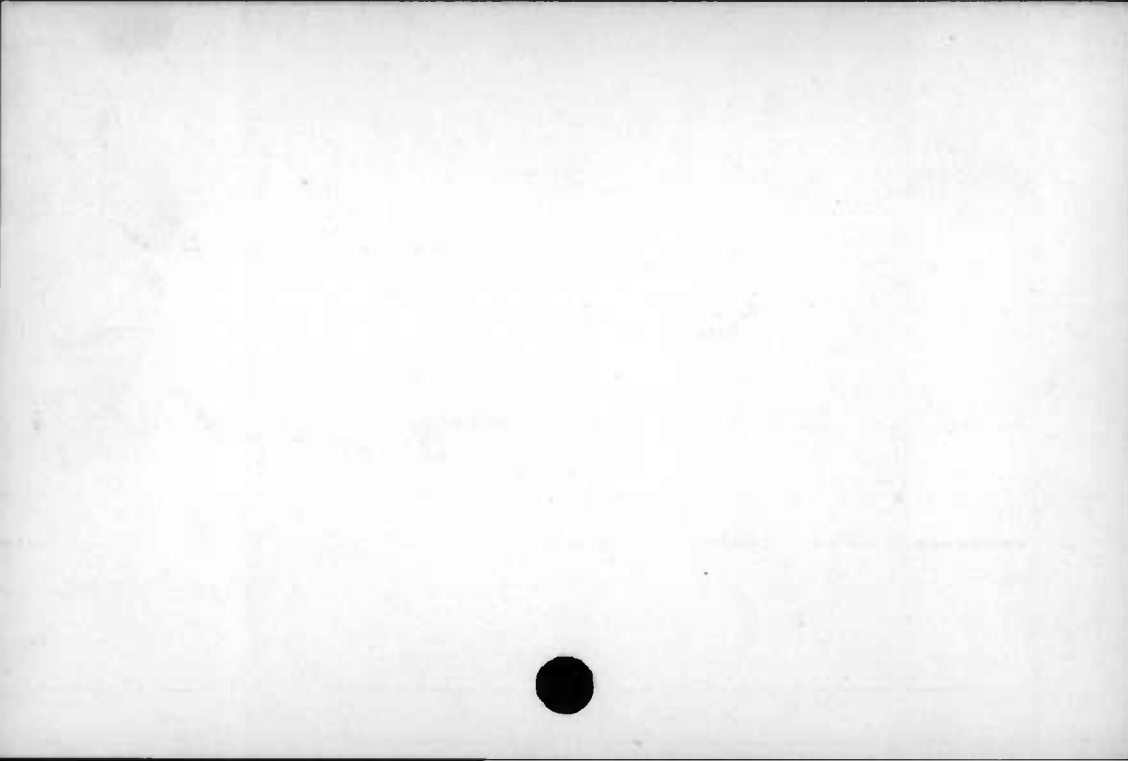
Immediate Old Age ^{How long} four days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician W. L. Skilling

Address Lonaconing, Md
Per. E.C.W.

Accident or Suicide?



Name
in
Full

Isabella Martin

CERTIFICATE OF DEATH

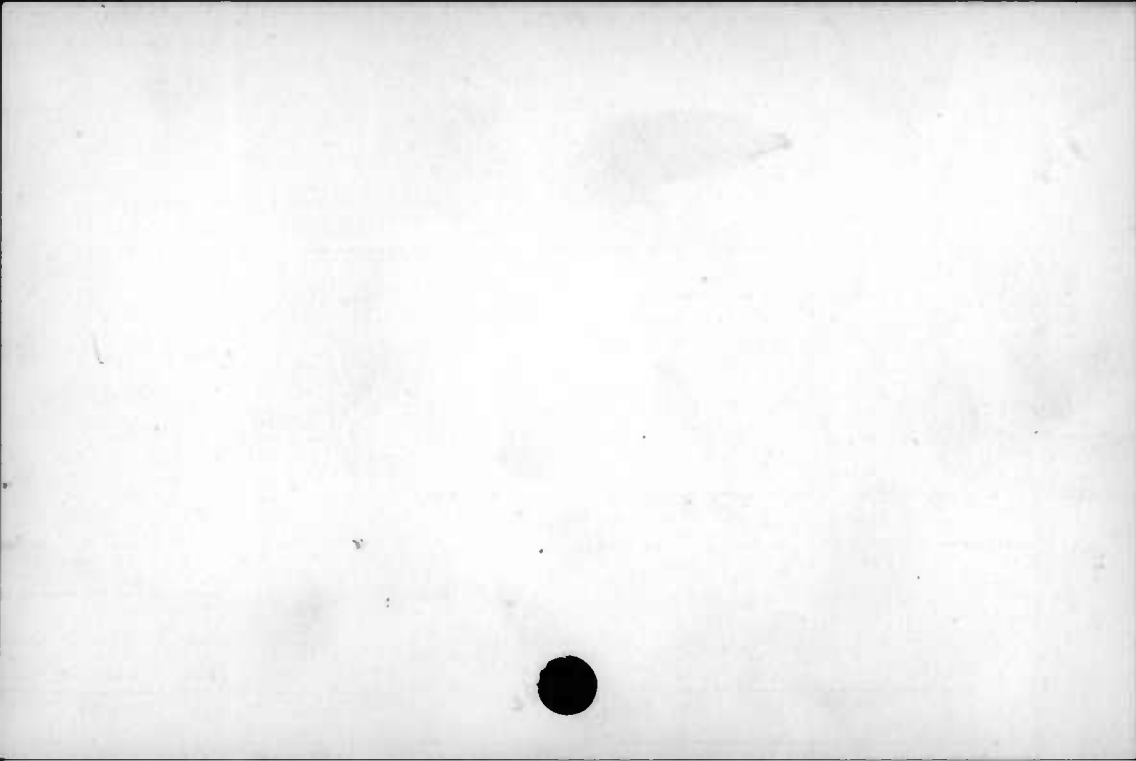
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Gilmor		Alligumy		MARYLAND	
Date of death		1908	Aug	14	Age	10	
Sex	Female	Color or Race	White	Birth-place	Gilmor		
Occupation	School girl	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Matthew Martin			Father's Birthplace	Bloomington		
Mother's Maiden Name	Retseca Gill			Mother's Birthplace	Pa		
Name of person giving information	Mrs Matthew Martin			How related to deceased	Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Arterio-Spinal Meningitis	How long	24 hrs.
Immediate	Convulsions	How long	2 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W B Skilling MD
		Address	Lonaconing
Accident or Suicide?	no		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John H. Martin

Town

County

MARYLAND

Died at *Cumt. d.*Date
of death 1908

Month

Aug.

Day

4

Age

Years

82

Months

11

Days

1

Sex

*Male*Color or
Race*White*Birth-
place*Fredr. Co. Md.*

Occupation

*Farmer.*Where Residing if not
at place of death*—*Married, Single
or Widowed*Widower*Name of Wife or
Husband*Lacy Mouser*Father's
Name*John M. Martin*Father's
Birthplace*Fred Co Md.*Mother's
Maiden Name*Do not know -*Mother's
Birthplace*Fred. Co Md.*Name of person giving
InformationHow related
to deceased*Son.*

CAUSES OF DEATH

66

Primary

Paralysis

How long

3 mos

Immediate

Heart Failure

How long

*Immediate*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*J. B. Borkdall*

Address

*Cumberland**and*

Accident or Suicide

PHYSICIAN
OR CORONER

Bj Pool.

Morrisville Wash Co.

Name
in
Full

Mr Phillip Michael

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frostburg</i>		Town <i>Alleghany</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>Aug.</i>	Day <i>22</i>	Age <i>79</i>	Years	Months	Days	
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Preston Co. W. Va.</i>				
Occupation <i>Blacksmith</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Mary C. Michael</i>						
Father's Name <i>Phillip Michael Sr.</i>	Father's Birthplace <i>W. Va.</i>						
Mother's Maiden Name <i>Michael</i>	Mother's Birthplace <i>W. Va.</i>						
Name of person giving information <i>Edgar Michael</i>	How related to deceased <i>Son.</i>						

CAUSES OF DEATH

65

PHYSICIAN
OR CORONER

Primary <i>Senility & Softening brain</i>	How long <i>6 days</i>
Immediate <i>Exhaustion</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. Brier</i>
	Address <i>Frostburg, Md.</i>
Accident or Suicide?	



Name
in
Full

Anna Star Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Aug	10				3 1/2
Sex	Female		Color or Race	White		Birthplace	Cumt-d
Occupation	-			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
-			-				
Father's Name	Almy Miller			Father's Birthplace		N.Y.	
Mother's Maiden Name	Margaret Kovick			Mother's Birthplace		Md	
Name of person giving Information	Margaret Kovick			How related to deceased		Mother	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Enter Colitis	How long	One week
Immediate	Exhaustion	How long	Several days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	E. J. Duke
Address	Cumberland Md		
Accident or Suicide			

G. T. Archer
Secretary,
Board of Health
Cumberland
Md

38
Deaths

Name

in
Full

John Peruman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Barton* Town

County

*Allegany*Date of death *1908 August*

Month

Day

*22*Age *44*

Years

Months

7

Days

*5*Sex *Male*Color or
Race*White*Birth-
place*Allegany Co*

Occupation

*Miner*Where Residing if not
at place of death*✓*Married, Single
or Widowed*Married*Name of Wife or
Husband*Mary Macay*Father's
Name*William Peruman*Father's
Birthplace*Scotts*Mother's
Maiden Name*Jannett Campbell*Mother's
Birthplace*Scotts*Name of person giving
Information*Mrs Mary Peruman*How related
to deceased*Wife*

CAUSES OF DEATH

14

Primary

Fractured Spine

How long

2 Years

Immediate

Diarrhoea & Dysentary

How long

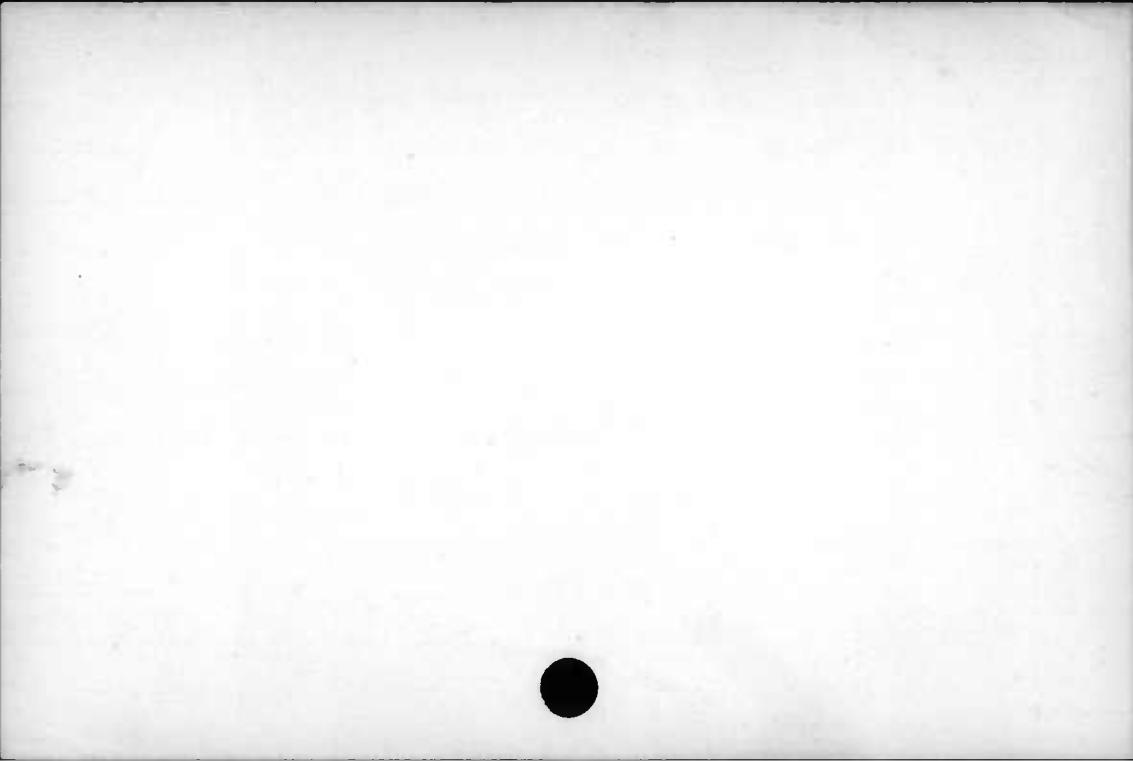
*3 weeks*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*L. A. Boucher*

Address

Barton, Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Cumberland</i>		County <i>Alleg</i>		MARYLAND	
Date of death		1908	Month <i>Aug</i>	Day <i>2</i>	Age	Years <i>—</i>	Months <i>10</i> Days <i>04</i>
Sex		<i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Cumberland</i>	
Occupation <i>None</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed		<i>Single</i>		Name of Wife or Husband <i>None</i>			
Father's Name		<i>M. P. Perry.</i>				Father's Birthplace <i>Alleg Co</i>	
Mother's Maiden Name		<i>Phoebia Wilson</i>				Mother's Birthplace <i>"</i>	
Name of person giving Information		<i>M. P. Perry</i>				How related to deceased <i>Father</i>	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>3 weeks</i>
Immediate	<i>exhaustion</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>F. B. Burdall</i>	
<i>Dr. Hermann</i>		Address	
<i>Cumberland Md</i>		<i>Cumberland Md</i>	
Accident or Suicida			

G. Hasler
Decy.
Humberlay
Mf

38 Leaks

Name
in
Full

Mary Ann Perry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at ^{Town} Cumberland ^{County} Allegany **MARYLAND**

Date of death 1908 ^{Month} 8 ^{Day} 7 ^{Age} 18 ^{Years} 5 ^{Months} ^{Days}

Sex Female ^{Color or Race} White ^{Birth-place} W. Va.

Occupation House wife ^{Where Residing if not at place of death} Lee St

Married, Single or Widowed Widowed ^{Name of Wife or Husband} Geo Perry

Father's Name Don Know ^{Father's Birthplace} Virginia

Mother's Maiden Name " " ^{Mother's Birthplace} Virginia

Name of person giving Information Shriver ^{How related to deceased} W. Va.

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary ^{How long} ^{How long} Devily incident to advanced age

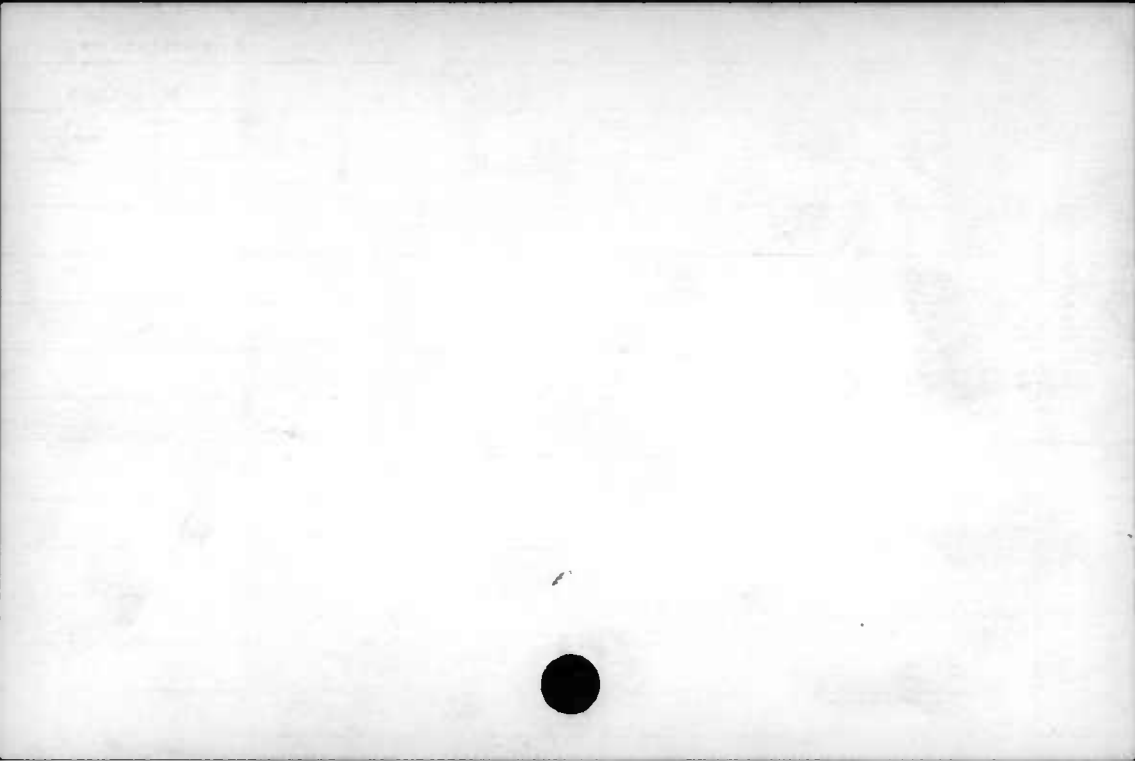
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicida



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died

Date

of death

1908

Month

Aug

Day

1

Years

Age

98

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Ireland

Occupation

Housekeeper

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
Husband

Peter Quigly

Father's
Name

Daniel Brian

Father's
Birthplace

Ireland

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Mary Driscoll

How related
to deceased

Granddaughter

CAUSES OF DEATH

154

Primary

Infirmity 98 years

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

H. H. Wiley

Address

Cumberland Md
Wiley

Accident or Suicide

Frank^L & Miriam Richmond
Mrs Frank Keffer Alatona

Name
in
Full

Ella J Quinn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

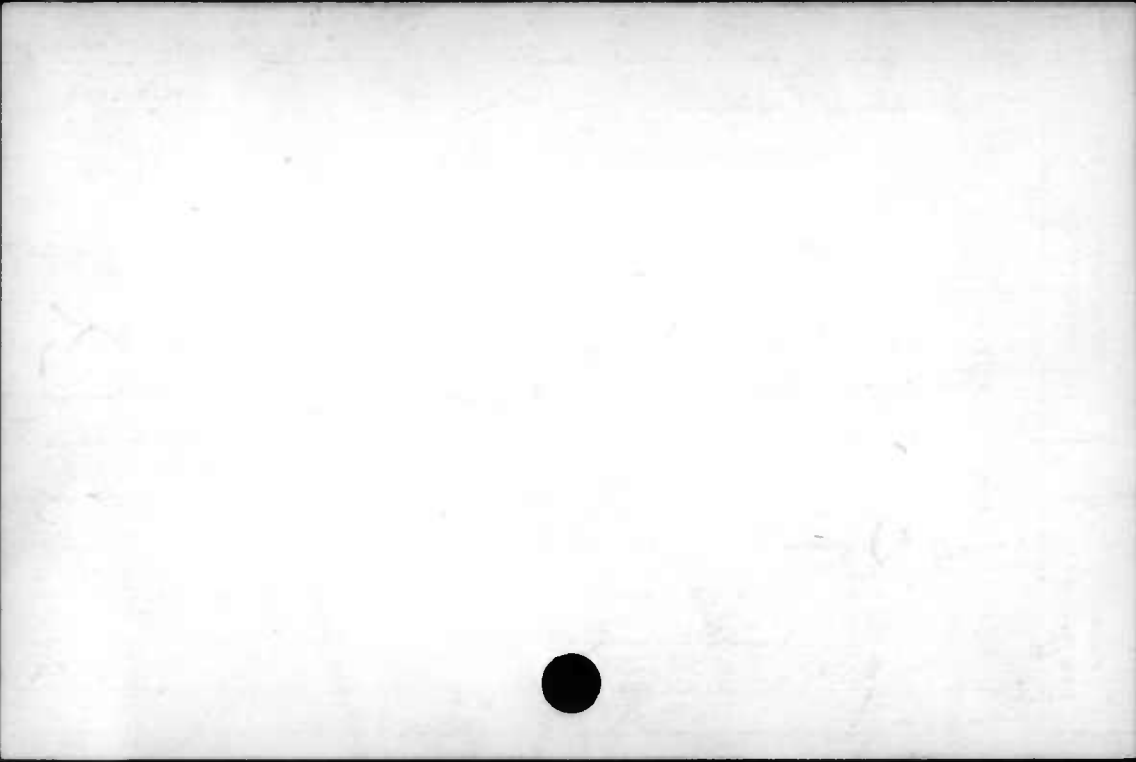
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		Aug	12	Age	49		
Sex	Female	Color or Race	White	Birth-place	W. Va.		
Occupation	Wife			Where Residing if not at place of death	—		
Married, Single or Widowed	married			Name of Wife or Husband	J. B. Quinn		
Father's Name	Patrick Higgins			Father's Birthplace	Ireland		
Mother's Maiden Name	Bridget Reiley			Mother's Birthplace	Ireland		
Name of person giving Information	J. B. Quinn			How related to deceased	Husband		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	6 yr
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		E. B. Claybrook	
Address		Dr. 6 Cumberland	
Accident or Suicide		Ind	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

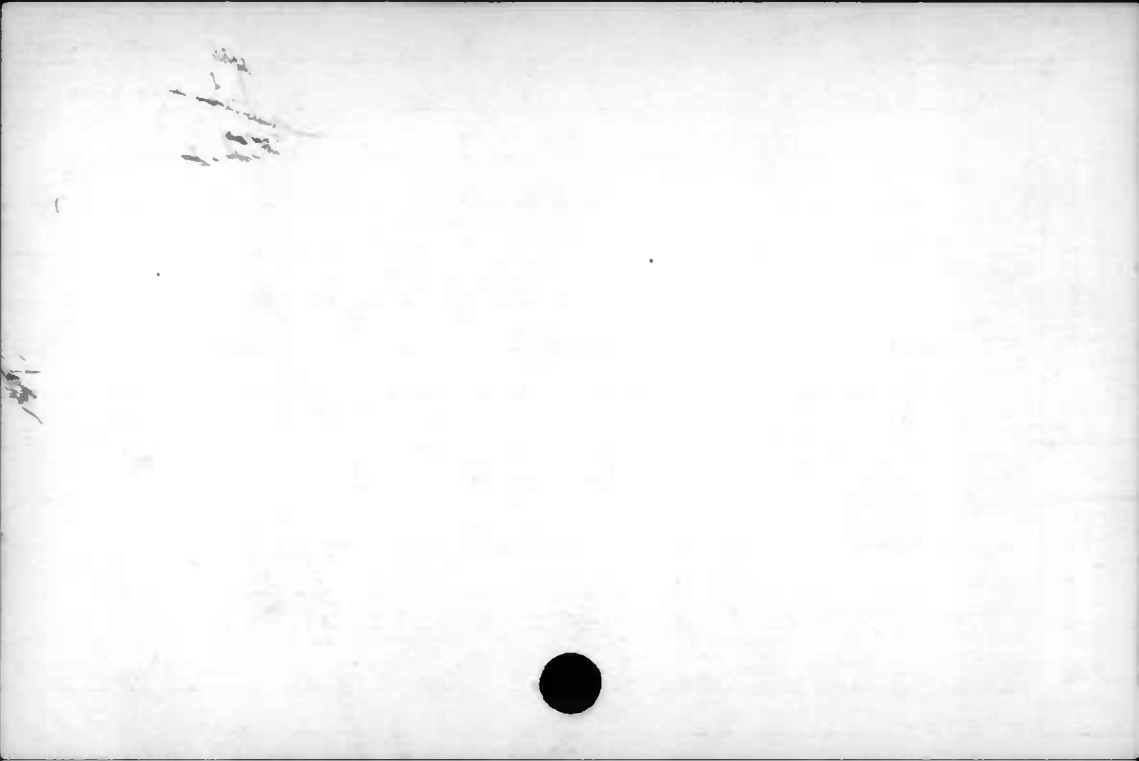
Died at		Town <i>Cumberland</i>		County <i>Alleg.</i>		MARYLAND					
Date of death		Month <i>1908 Aug.</i>		Day <i>12</i>		Years <i>39</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Ma.</i>							
Occupation <i>Boiler maker</i>				Where Residing if not at place of death <i>Humbird St.</i>							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Clara Rimmer</i>									
Father's Name <i>W. J. Rimmer</i>		Father's Birthplace <i>Don't know</i>									
Mother's Maiden Name <i>Mary R. Sorrees.</i>		Mother's Birthplace <i>Ma.</i>									
Name of person giving Information <i>J. S. Rimmer.</i>		How related to deceased <i>Brother.</i>									

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary <i>R Road accident—</i>		How long <i>—</i>	
Immediate <i>Crushed to death</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. H. Witz, Coroner</i>	
Address <i>Stevie</i>		Address <i>Cumberland Md.</i>	
Accident or Suicide <i>Accident</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

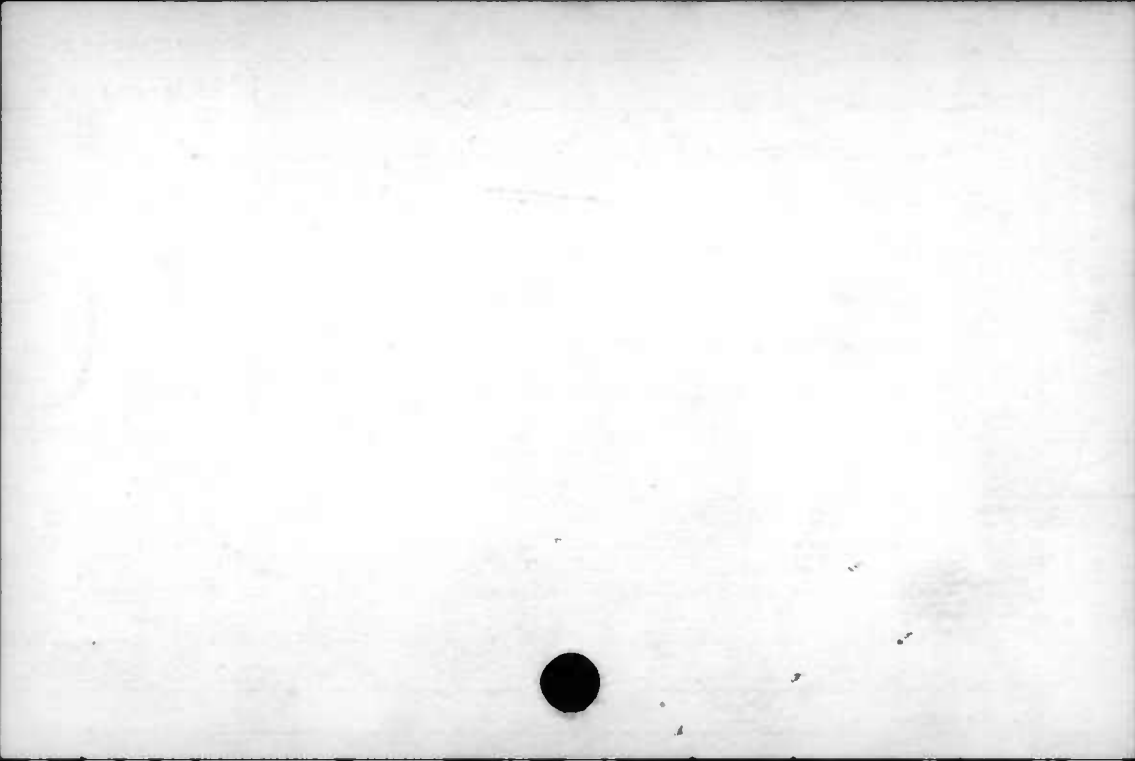
Name <i>Myrtle May Russell</i>		Town <i>Brown</i>		County <i>Alle</i>		State MARYLAND	
Died at <i>Brown</i>		Month <i>Aug</i>		Day <i>2</i>		Age <i>14</i>	
Date of death <i>1908</i>		Month <i>Aug</i>		Day <i>2</i>		Age <i>14</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Ind</i>		Where Residing if not at place of death <i>none</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>					
Father's Name <i>William Russell</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Anna G. Harshins</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving Information <i>William Russell</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Miliary tuberculosis</i>	How long <i>4 mos</i>
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>	Signature of Physician <i>Surgeon Shaw</i> Address <i>184 N. Mechanics</i>
Accident or Suicide	

27



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Rudolph J. Schmidt</i>		Town <i>Brunn</i>		County <i>Allegh.</i>		State MARYLAND	
Died at <i>Brunn</i>		Month <i>Aug</i>		Day <i>28</i>		Years <i>—</i>	
Date of death <i>1908</i>		Month <i>Aug</i>		Day <i>28</i>		Age <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>		Days <i>21</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Rudolph Schmidt</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Francis Reitsmeier</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving Information <i>Rudolph Schmidt</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Shiv Colitis</i>	How long <i>1 week</i>
Immediate <i>Exhaustion</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. Leo Lauck</i>
Accident or Suicide <i>Stew.</i>	Address <i>Cumtobay Franklin MS</i>

012



Name
in
Full

CERTIFICATE OF DEATH

Marion C. Sellers

Town

County

MARYLAND

Died at

Cumberland

allergany

Date

Month

Day

Years

Months

Days

of death *1908*

8

17

Age

6

Sex

Female

Color or
Race

white

Birth-
place

Cumberland

Occupation

—

Where Residing if not
at place of death

Cumberland

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

W. H. Sellers

Father's
Birthplace

Pa

Mother's
Maiden Name

Rita High

Mother's
Birthplace

W. Va

Name of person giving
information

W. H. Sellers

How related
to deceased

Father

CAUSES OF DEATH

Primary

Remedy of intestinal trouble

How long

a few hours

Immediate

—

How long

—

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W. W. W. W. W.

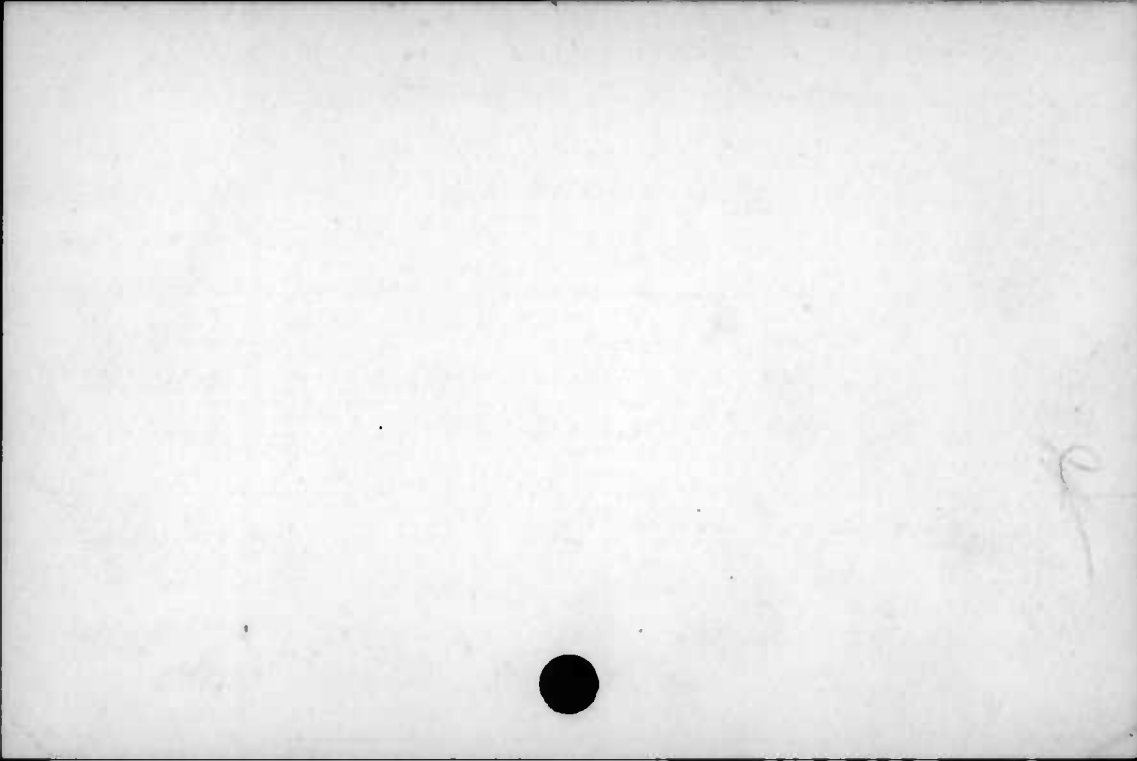
Address

Cumberland Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Cekhard</i>		County <i>Alleghany</i>		MARYLAND	
Date of death		Month <i>Aug</i>	Day <i>16</i>	Age <i>7</i>	Years <i>2</i>	Months <i>1</i>	Days <i>1</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Cekhard Md</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Louis Serra</i>				Father's Birthplace <i>Italy</i>			
Mother's Maiden Name <i>Jennie Morris</i>				Mother's Birthplace <i>Cekhard Md</i>			
Name of person giving information <i>Louis Serra</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

178

PHYSICIAN
OR CORONER

Primary	<i>Died suddenly</i>	How long	<i>after death by birth</i>
Immediate	<i>Unknown</i>	How long	<i>several hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. C. Coker</i>	
		Address <i>Firthum Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

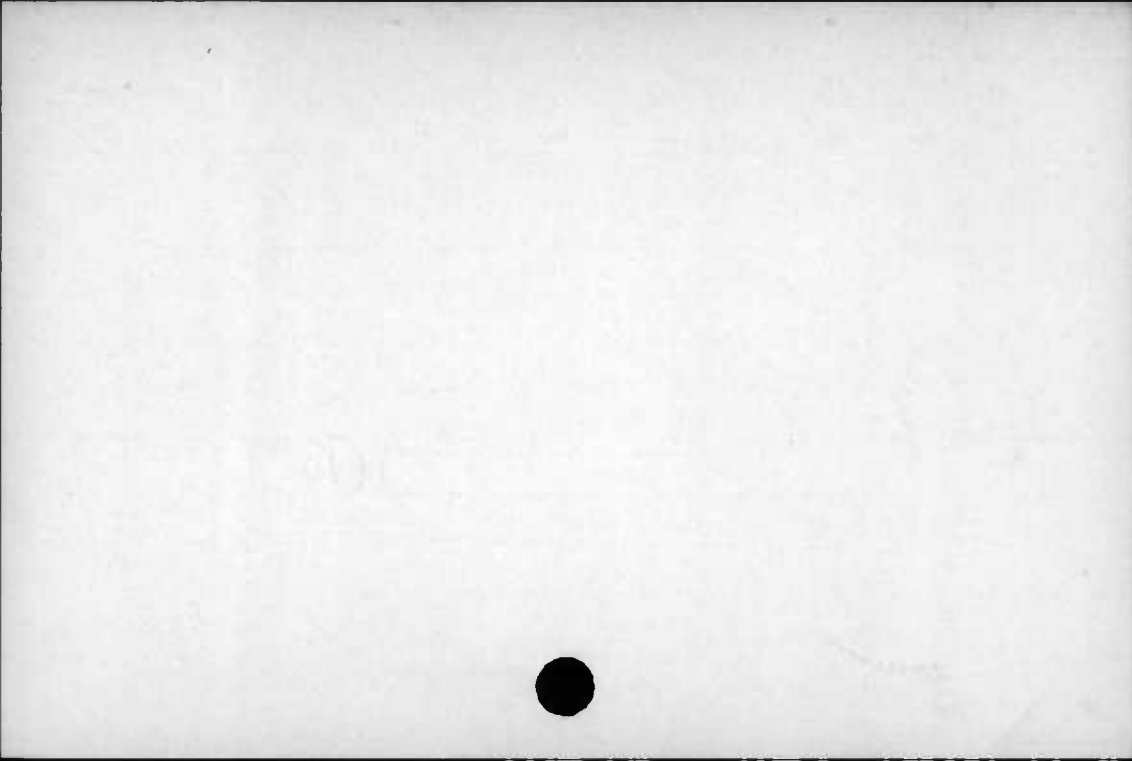
Died at <i>John Shutz</i>		Town <i>Cumberland</i>		County <i>Allegany</i>		MAYLAND	
Date of death	1908	Month	Aug	Day	12	Years	61
Sex	male	Color or Race	white	Birth-place	Md.		
Occupation	miner			Where Residing if not at place of death			
Married, Single or Widowed	married		Name of Wife or Husband	Mary Jane Thomas Shutz			
Father's Name	Peter Shutz			Father's Birthplace	Germany		
Mother's Maiden Name	Mary Shutz			Mother's Birthplace	Germany		
Name of person giving information	Thomas Reese			How related to deceased	Brother-in-law		

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary	<i>Strangulated hernia</i>		How long	<i>7 days</i>
Immediate	<i>in clois gut perforated</i>		How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. McBricker</i>		
		Address <i>Froseburg Md.</i>		
Accident or Suicide?				



Name
in
Full

William Stevenson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

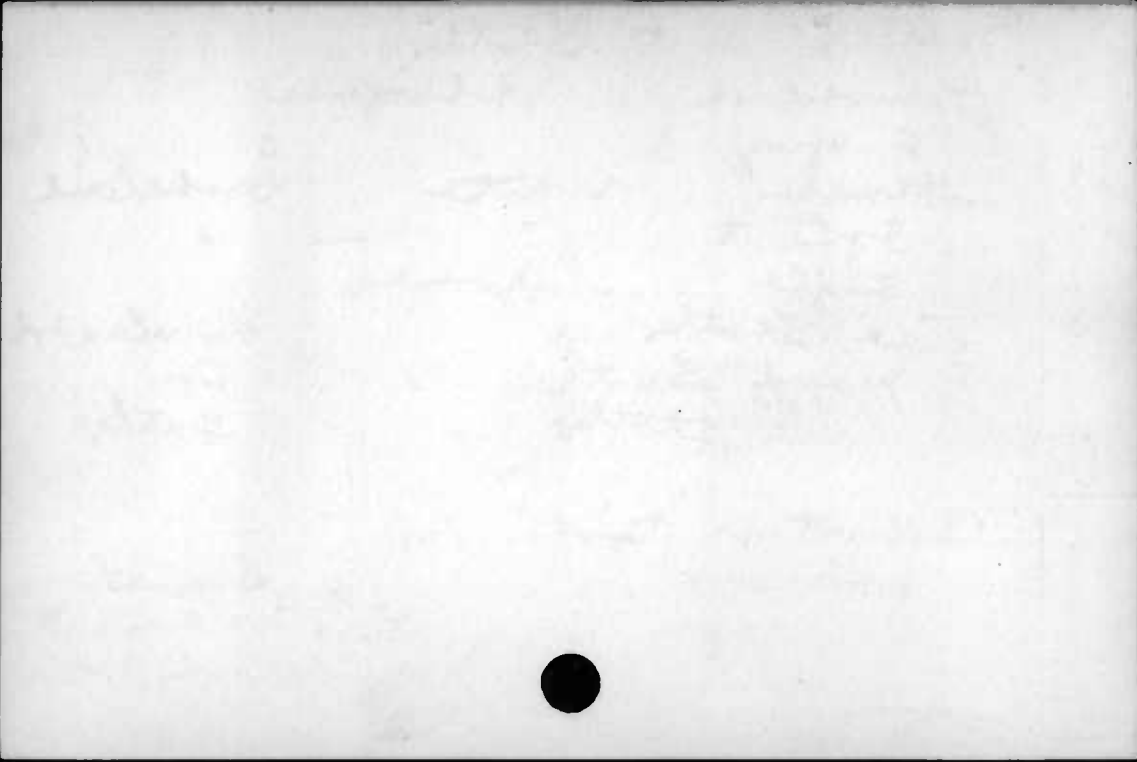
Died at		Town Lonaconing		County Allegany		MARYLAND	
Date of death		1908	Month August	Day 8th	Age 0	Years 0	Months 4
Sex Male		Color or Race White		Birth-place Lonaconing		Days 28	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Albert Stevenson		Father's Birthplace Lonaconing					
Mother's Maiden Name Flora McFarlane		Mother's Birthplace Lonaconing					
Name of person giving information Mrs. McFarlane		How related to deceased Grandmother					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	2 weeks
Immediate	Asphyxia	How long	2
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Henry E. Hodges	
Address		Lonaconing, Md	
Accident or Suicide?		No	



Name
in
Full

May Elizabeth Stotter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Allegheny		MARYLAND	
Date of death		Month Aug	Day 3	Age	Years 0	Months 0	Days 1
Sex	Female	Color or Race	white	Birth-place	Cumberland		
Occupation	Infant			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband None				
Father's Name	Lee Stotter				Father's Birthplace Cumberland Md		
Mother's Maiden Name	Maud Smith				Mother's Birthplace Pa		
Name of person giving Information	Lee Stotter				How related to deceased Grathey		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Premature Birth (Sm)		How long	151
Immediate	unknown		How long	Several hours
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	E. S. Duke M.D.
			Address	Cumberland Md
Accident or Suicide				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Frank Taylor* Town *Elmer* County *Alto* MARYLAND

Died at *Elmer* Month *Aug* Day *16* Years *75* Months *—* Days *—*

Date of death *1908* Sex *Male* Color or Race *Colored* Birth-place *Ind*

Occupation *Chef* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Unknown*

Father's Name *Millard Taylor* Father's Birthplace *Ind*

Mother's Maiden Name *Gusy Henry* Mother's Birthplace *Ind*

Name of person giving Information *Mrs Geo Anderson* How related to deceased *Daughter*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Bright's disease* How long *1 year*

Immediate *Cardiac failure* How long *1 mos.*

Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician *Spurgeon Sparks, M.D.* Address *1042 N. Mechanics St.*

Accident or Suicide *no*

Edna Tyler
Geo Anderson
3 Town

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Hilda Leona Thuss</i>		Town <i>Cumberland</i>		County <i>Alleg.</i>		State <i>MARYLAND</i>	
Died at		Month <i>Aug</i>		Day <i>26</i>		Years <i>9</i>	
Date of death <i>1908</i>		Months <i>8</i>		Days <i>13</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Cumberland</i>			
Occupation <i>None</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Christina Thuss</i>					
Father's Name <i>August Thuss</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Christina Philipps</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving Information		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>5 weeks</i>
Immediate <i>Peritonitis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. N. Bachman</i>
Address <i>Cumberland Md</i>	
Accident or Suicide <i>Stomach</i>	

1908
1899
9

1111
1111

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mrs Mary Vaughan*

Died at *Pekin* *Alligany* County *MARYLAND*

Date of death *1908 Aug 14* Age *64* Months *—* Days *—*

Sex *Female* Color or Race *White* Birthplace *England*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Widow* Name of ~~Wife or~~ Husband *Samuel Vaughan deceased*

Father's Name *Swain Weeks* Father's Birthplace *England*

Mother's Maiden Name *Mary Weeks* Mother's Birthplace *England*

Name of person giving information *Mrs John Clark* How related to deceased *Daughter*

CAUSES OF DEATH

13

PHYSICIAN
OR CORONER

Primary *Cholera morbus* How long *3 days*

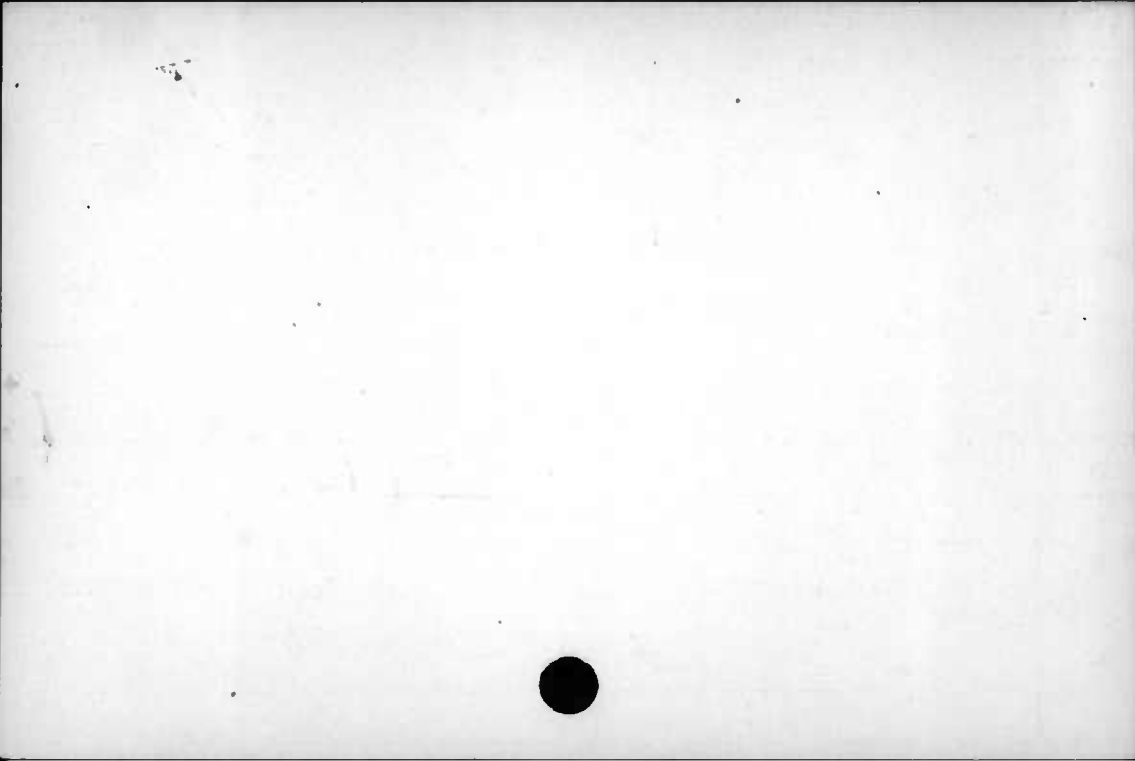
Immediate *Collapse heart failure* How long *24 hrs*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *A. Bullock MD*

Address *Laurens*

Accident or Suicide? *No*



Name
in
Full

CERTIFICATE OF DEATH

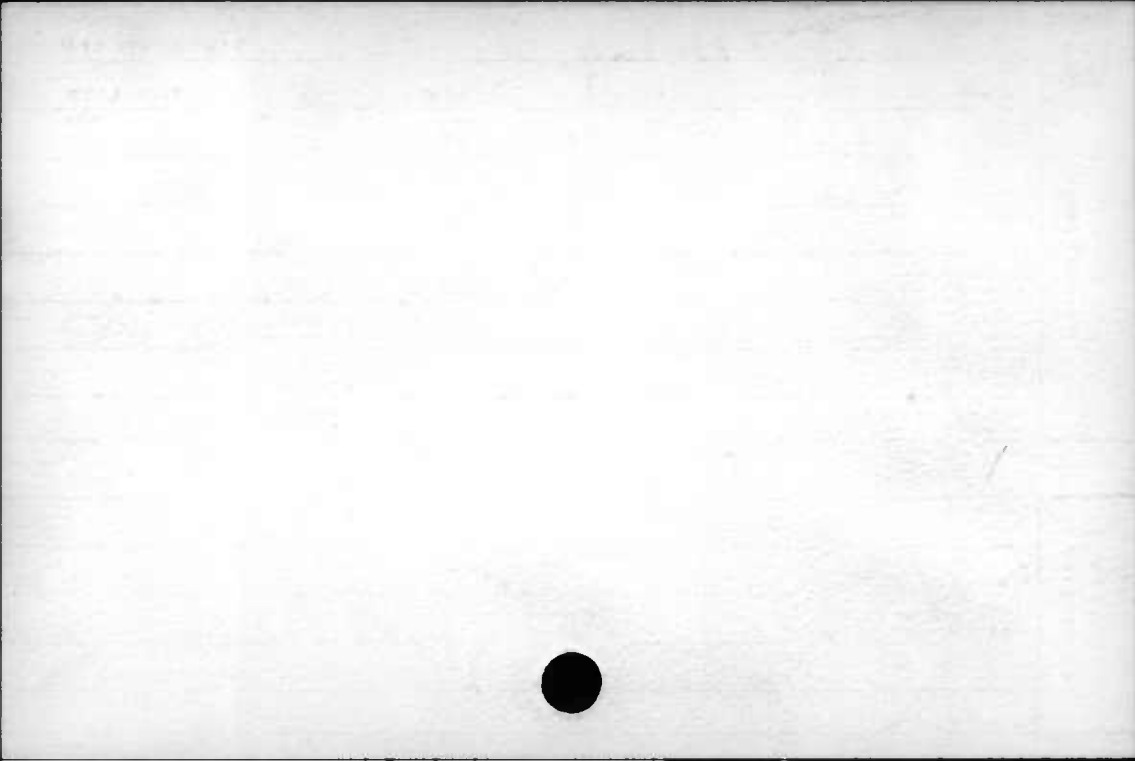
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Herman Andrew Vocke</i>		Town <i>Potomac</i>		County <i>Allegany</i>		MARYLAND	
Died at <i>Potomac</i>		Month <i>Aug</i>		Day <i>18</i>		Years <i>50</i>	
Date of death <i>1908</i>		Month <i>Aug</i>		Day <i>18</i>		Years <i>50</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>			
Occupation <i>Storekeeper</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Vocke</i>					
Father's Name <i>John Vocke</i>		Father's Birthplace <i>Dont know</i>					
Mother's Maiden Name <i>Dont know</i>		Mother's Birthplace <i>" "</i>					
Name of person giving Information <i>Mary Vocke</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

Primary <i>Typhoid fever</i>	How long <i>3 weeks</i>
Immediate <i>Perforation</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	
Signature of Physician <i>J. M. Spear</i>	
Address <i>Cumberland</i>	
<i>Spear</i>	
<i>Stein Cresttown Md.</i>	

PHYSICIAN
OR CORONER



Name
in
Full

William Walker

CERTIFICATE OF DEATH

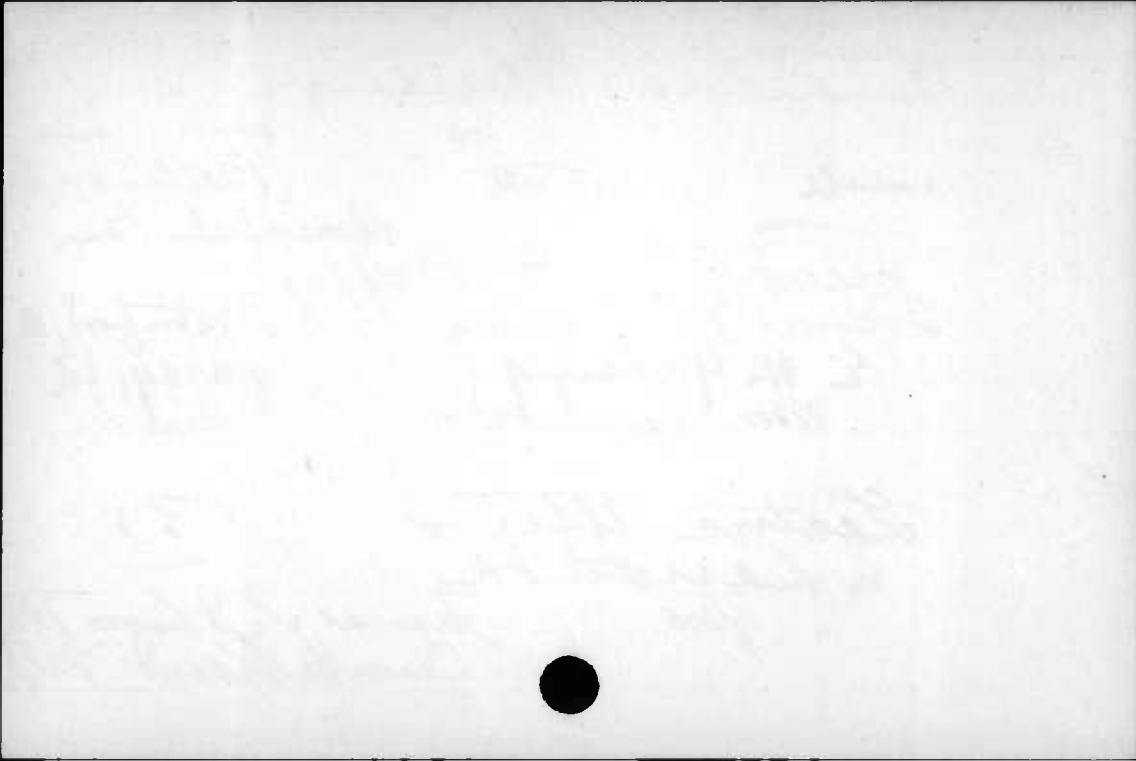
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Donacoming</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Aug.</i>	Day <i>15</i>	Age <i>—</i>	Years <i>—</i>	Months <i>9</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Donacoming</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>James Walker</i>		Father's Birthplace <i>Donacoming</i>			
Mother's Maiden Name <i>Jessie Brown</i>		Mother's Birthplace <i>Donacoming</i>			
Name of person giving information <i>Wm. Bessie Walker</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Meningitis</i>	How long	<i>one day</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>James C. Bullock M.D.</i>	
		Address <i>Donacoming Md.</i>	
Accident or Suicide? <i>no</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Elizabeth Wesley</i>		Town <i>Cumberland</i>		County <i>Alleghany</i>		MARYLAND	
Died at		Date of death <i>1908</i>		Month <i>8</i>	Day <i>18</i>	Age <i>40</i>	Months <i>4</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore, Md</i>		Days <i>—</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Shenandoah, Va</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Dr Wesley</i>					
Father's Name <i>Francis M. Conrad</i>		Father's Birthplace <i>Watsonford, Va</i>					
Mother's Maiden Name <i>E. H. Young</i>		Mother's Birthplace <i>Luray, Va</i>					
Name of person giving information <i>Mrs. Cowherd</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

103

PHYSICIAN
OR CORONER

Primary <i>Gastric Ulcer</i>	How long <i>(?)</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James J. Hugon, M.D.</i>
	Address <i>Cumberland Md.</i>
Accident or Suicide?	

Shenandoah, Va

Name
in
Full

Robert Williams

CERTIFICATE OF DEATH

Near <i>Cumberland</i>		Town		<i>Allegheny</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>Aug</i>		Day <i>10</i>		Age <i>3</i>		Months <i>3</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Cumtld</i>		Occupation <i>none</i>		Where Residing if not at place of death	

TO BE ANSWERED BY
NEAREST FRIEND

Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>	
Father's Name <i>James Williams</i>		Father's Birthplace <i>Ohio</i>	
Mother's Maiden Name <i>Susan Miller</i>		Mother's Birthplace <i>Pa</i>	
Name of person giving Information <i>Joseph E. Williams</i>		How related to deceased <i>Grandfather</i>	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Dis. colitis</i>		How long <i>2 weeks</i>	
Immediate <i>Exhaustion</i>		How long <i>12 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. Brace on</i>	
<i>L. Stein</i>		Address <i>Cumtld Ind</i>	
Accident or Suicide			



Name in Full		Welta Roy McClintock Wilson				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Cumberland		County Allegany		MARYLAND		
	Date of death	1908	Aug	31	Age	Years 3	Months 20	
	Sex	male		Color or Race	white		Birth-place	Cumberland Md
	Occupation	—			Where Residing if not at place of death			—
	Married, Single or Widowed	—		Name of Wife or Husband				—
	Father's Name	Hilton Wilson				Father's Birthplace	Cumberland Md	
	Mother's Maiden Name	Annie M Twigg				Mother's Birthplace	Cumberland Md	
Name of person giving information	Hilton Wilson				How related to deceased	Father		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Gastro Intestinal Indigestion				How long	3 wks	
	Immediate	Exhaustion				How long	24 hrs.	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	H C L Owens		
					Address	Cumberland Md.		
Accident or Suicide? —								

105-

✓✓



Name
in
Full

No Name Winters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frostburg		County Allegany		MARYLAND	
Date of death	1908	Month 8	Day 9	Age	Years	Months	Days 2 hours
Sex	F.		Color or Race	W.		Birth- place	Maryland
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving in formation				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Premature birth	How long	151
Immediate	6 1/2 months	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. H. M. Lane
		Address	Frostburg Md
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Cumtland* ^{Town} *Alleghany* ^{County} *W. Va.*
 Date of death 1908 ^{Month} *Aug* ^{Day} *13* ^{Years} *0* ^{Months} *0* ^{Days} *1*
 Sex *Male* Color or Race *White* Birth-place *Cumtld,*
 Occupation *None* Where Residing if not at place of death *—*
 Married, Single or Widowed *S -* Name of Wife or Husband *—*
 Father's Name *Abel Wolf* Father's Birthplace *Russia*
 Mother's Maiden Name *Fannie Bremer* Mother's Birthplace *Russia*
 Name of person giving Information *Mrs. Wolf* How related to deceased *Mother,*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Injury to Brain* ^{How long} *4 mo*
 Immediate *Exhaustion* ^{How long} *1 hour*
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. J. Swagg*
 Address *Cumtland, Md.*

Acc. to Suicide



Name
in
Full

Indiana Wright,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

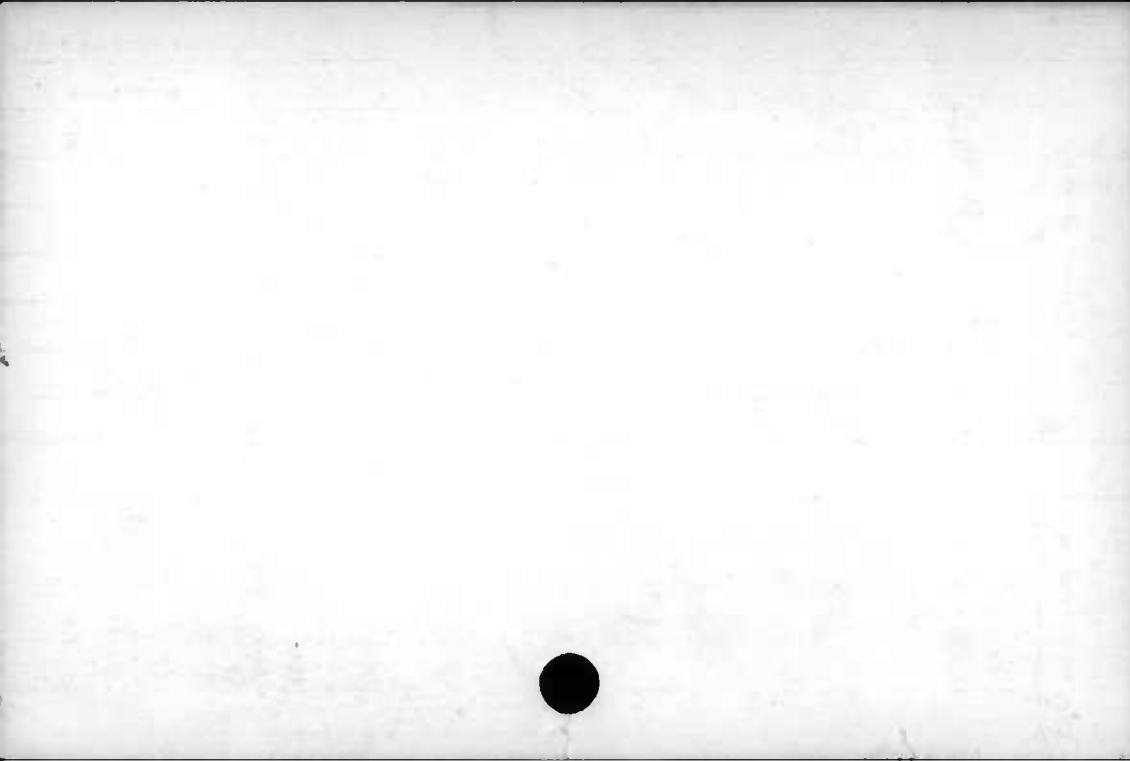
Died at <i>Bumbrland</i> ^{Town}		<i>Augamy</i> ^{County}		MARYLAND	
Date of death	190 <i>8</i> ^{Month}	<i>Aug</i> ^{Day}	<i>20</i> ^{Year}	Age <i>56</i>	Months <i>0</i> Days <i>0</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>MD.</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Martine Wright</i>				
Father's Name <i>Thomas Shoup</i>	Father's Birthplace <i>MD</i>				
Mother's Maiden Name <i>Elizabeth Stoen</i>	Mother's Birthplace <i>MD</i>				
Names of person giving Information <i>For her Stoen</i>		How related to deceased <i>Sister-in-law</i>			

CAUSES OF DEATH

Primary <i>Chronic Gastritis</i>	How long <i>2 yrs.</i>
Immediate <i>Exhaustion</i>	How long <i>2 yrs.</i>
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. J. [Signature]</i>
<i>Ston</i>	Address <i>Bumbrland, MD.</i>
Accident or Suicide <i>Rose Hill</i>	

PHYSICIAN
OR CORONER

104



Name
in
Full

CERTIFICATE OF DEATH

Mary Jane Young

Town

County

Died at

Cumberland

Allegany

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1908

August

12

Age

47

8

29

Sex

Female

Color or
Race

white

Birth-
place

Barton, Md.

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

John W. Young

Father's
Name

Joseph Andrews

Father's
BirthplaceWiltshire
EnglandMother's
Maiden Name

Elizabeth Jones

Mother's
BirthplaceMontmouthshire
WalesName of person giving
Information

Jas. A. Young

How related
to deceased

Son

CAUSES OF DEATH

118

Primary

Operation for Appendicitis

How long

Immediate

Suppression of Urine

How long

36 hours

Are the name, age, sex, color, data
and place correctly given above?

Yes

Signature of
Physician

James T. Johnson, M.D.

Address

Cumberland Md

Accident or Suicida

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Catharine Zimmery</i>		Town <i>Cumt-a</i>		County <i>Allegheny</i>		State <i>MARYLAND</i>	
Died at <i>Cumt-a</i>		Month <i>Aug</i>		Day <i>4</i>		Age <i>78-</i>	
Date of death <i>1908</i>		Month <i>Aug</i>		Day <i>4</i>		Months <i>6</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Bedford Co Pa</i>			
Occupation <i>retired -</i>		Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife Husband <i>M. J. Zimmerly</i>					
Father's Name <i>Mr Campbell</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Dr not know</i>		Mother's Birthplace <i>-</i>					
Name of person giving Information <i>John M. Zimmerly</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

Primary <i>Empyema</i>	How long <i>6 months</i>
Immediate <i>Exhaustion</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thos. T. Todd</i>
<i>Seen</i>	Address <i>Union - Pa</i>
Accident or Suicide	

PHYSICIAN
OR CORONER

